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Original Department.

Clinical Lecture.—Lithotomy, Rachitis, Varicella, Scoliosis.

By Prof. A. Jacobi, Delivered at the College of Physicians and Surgeons, N. Y.

YOU remember the case of stone you saw operated upon last Wednesday. The day following the operation the child seemed well, and passed his urine both through the wound and the penis. But a day or two afterward symptoms of peritonitis set in, and since the condition of the child has been unfavorable. The temperature has run high and there has been a great deal of pain or pressure over the abdomen. Inasmuch as between the peritoneum and the incision there was a considerable distance, I do not think it possible for it to have received any injury during the operation. I think that the peritonitis was due to over distension of the bladder. You know that a bladder which is the subject of long continued cystitis is much smaller than normal. It may become so much contracted as to hold only a small quantity of urine, and in this case the walls of the bladder were not very thick, yet the mucous membrane was soft and succulent. It was swelled. The child, as you heard, from the mother, had been passing its water very frequently. Even during the night the nervous irritability was such that the bladder would not tolerate the presence of urine in any quantity, and so the child wet his bed. You see, therefore, that for a long time the bladder had been in an almost empty condition. Little urine had been allowed to accumulate there, and so the bladder had become contracted. For the purpose of facilitating the operation, seven ounces of water were injected into the bladder. This amount may have been too much, so there was over-distension of the bladder, and its peritoneal covering. At present we cannot tell what the result will be. There is no infiltration of urine. For the last five days the catheter has been passed two, three and four times a day, and each time four or five ounces of urine drawn off. His fever yesterday was 102°, to-day the House-surgeon says it is 100°, but that he has vomited once or twice. This is due, I think, to an attempt on my part to give him quinine. I have hitherto avoided giving it because I feared to created vomiting. If, now, this is the correct explanation of the peritonitis in his case, this would be a counter-indication for operation—that is, if this is the result, injury to the bladder and peritoneum throught overextension, a contracted bladder would be a counter-indication for the suprapubic operation.

Here is the case of an ioma which we treated last Wednesday by Pacquelin's thermocautery. You see the scab is just ready to fall off, and the scar will be very superficial, as is usual after the actual cautery. Now look at the head of this child. At six months the fontanelle is at its largest size—larger than at birth—from this period up to an age of fourteen or fifteen months and then it closes. You will see, however, in this case that the fontanelle is bigger than it should be at this age. Also notice that there are less hairs on this occiput than on the rest of the head, and that there is the least hair on the right side of the head. It is flattened, too, on that side of the head, but bulges out on the other side. This flattening of the right side is because the child lies on that side, but a normal bone would not give way, only an abnormal bone. What, then, is this flatness of the right side due to? Evidently to softening of the cranial bones, but you will notice in this case that the softness is not uniform. There are spots of softening, mostly on the right side. These spots are very soft, so that they feel like paper or membrane rather than bone. One almost feels afraid to press against them with the finger, for fear that the thin tissue will give way. This localized softening is the result of rachitis, and the case is one of cranio-tabes. You remember sometime ago that I spoke of the influence of rachitis in producing loss of muscular power in the intestine, and I told you one of the first symptoms of rachitis was persistent constipation in a child previously healthy. Now, as far as the bones are concerned, rachitis swells the bone at first. There is a new deposit which in the cranial bone is poured out by the pericranium, and in the long bones by the periosteum. Then absorption takes place on the inside of the bones. The weight of the head causes absorption to take place very rapidly in the cranial bones, and the new bone itself being very soft, a new absorption takes place on the outside also. In this case there are quite a number of little round spots of softening. Only a thin membrane is left, which is the remains of the periosteum, and the dura mater beneath. The spots feel as if there was almost nothing left between the brain and the exterior, so that, as you press lightly on one of these spots, you feel as if your finger would penetrate into the brain. One of the

things which you ought never to omit, in children, is the examination of the head. You will thus be able to detect abnormalities in the fontanelles, if they exist, spots of softening, etc.

In severe cases of rachitis, one of the first symptoms, as I said before, is abnormal constipation, when everything else is normal. A very frequent occurrence is swelling of the tracheal and bronchial glands, giving origin to a bronchial or tracheal catarrh. The mother says that this child has had a croupy cough for for some time. The croupy nature of such a cough is probably due to the spasm of the glottis. In this case an anti-rachital treatment must be commenced. If the child is nursed, its mother's milk must be supplemented, at least partially, by barley with milk, in the proportion of two parts of barley to one part of water and one part of cow's milk. I use the barley now because of the approach of summer. Avoid oatmeal whenever there is any tendency to diarrhœa. Barley is in general better borne by young children, because there is a natural, almost a physiological tendency to diarrhœa. Beef-soup or beef-tea, also, will do well in such cases. As for medication, you may give the iodide of iron, in the form of the syrupus ferri iodidi, six drops three times a day.

Our second case to-day is the little boy now before you. "What ails him?" "His throat is sore. He has a cough and there are spots out all over him." "Undress him and let us see." Now see what an amount of clothes the boy is wearing. He is loaded down with dry-goods.

The spots, you see, are in groups. Here is a group at the angle of the scapula, and there are other groups on various portions of his body. He has scratched himself, it is easy to see. The little vesicles are, however, drying up. He has only been sick this week, but not very sick, as you hear. So much clothes on him—so much sun outside—a few pimples on the skin—I believe there is a connection.

No, I was on the wrong track. These have not the characteristics of sudamina, nor are they the eruption of eczema solare, not being thick enough, and they come out in groups, irregular groups. There is a little dermatitis surrounding the base of each vesicle, such vesicles being found over the whole body. All these vesicles, the mother says, came out on the same day—four days ago. This eruption, then, has the characteristics of an eruptic fever. He has had an attack of varicella—chicken pox. His temperature I will have taken now. It is 100° in the rectum. Now let us see about this cough. The mother says he has had a cough ever since he was born. I will examine his chest and then we shall be able to tell what is the cause. On the right side there is dullness and coarse respiration, the result, I think, of a broncho-pneumonia, the signs of which may be audible twenty—fifty years from now. If he has had a cough ever since that attack, it is not because there have been new attacks, but because there is a source of irritation in the lung, in the shape of fibro-plastic exudation, which can never now be entirely absorbed. It is too late, at this period, to give any medicine with the hope of promoting absorption in an old exudation of this sort, which has now become organized. It is difficult to say how considerable are the changes in the tracheal, bronchial and mediastinal glands, but we can attribute new attacks of catarrh, when they do occur, to the irritation set up by the swelled glands.

Now, as far as the chicken pox is concerned, there is nothing to be done, nothing can be done. As far as the condition of the lung is concerned, I have already said you can do nothing for this connective tissue which has been formed, but you may, in a measure, render him less liable to these bronchial and tracheal catarrhs, of which I have spoken. See that he does not catch cold easily. At present, loaded down with clothes as he is, he is probably very susceptible to changes of temperature. I know nothing better than frequent bathing in cold water for such a case as this. If there is anything which keeps such a child from catching cold, it is the free use of cold water, at least twice a day. That will accustom him to changes of temperature. The protection which flannels afford is only temporary, the protection which the water gives is permanent. After he has had a bath rub him well until he is warm. Commence in the summer and continue the treatment through the autumn and winter. See that at meals he eats slowly. Give him plenty of milk. He will fatten up on milk, and let him take iodide of iron for his glandular swelling.

Her is our third case—a boy about five years old. He is brought here because he has, as supposed, some spinal trouble. We will have him stripped and see.

There is, you observe, some deviation from the normal line of spinal column, but not a great deal, and you see it disappears when the child is supported in a horizontal position by the head and feet. He is a rachital child and this slight curvature is due to a weakness of the longissimus dorsi and kindred muscles. The child has been allowed to sit up in a chair too early and too long, and the muscles have been unable to support the weight of the trunk. Let this child lie on its back a great deal, week after week and the muscles will, as they gain strength be able to support the trunk and this kyphosis will disappear. There has been no inflammation of the vertebral column, in any of its parts. This curvature is simply the result of debility of the muscular system—a debility to which I called your attention some time ago in connection with the chronic constipation of children as one of the early symptoms of rachitis.

I often see such curvatures as these in school children, which they acquire by leaning over their desks at school hour after hour. In this way they bend the vertebral column, and perhaps contract a scoliosis for life. Particularly is this the case with girls. From the manner in which they sit down with the bulk of their clothes under the gluteus of one side, they are obliged to sit in an oblique position, and leaning over when they get tired they contract a scoliosis as a result.

"How old is this child?"

"Thirteen months."

"What is the matter?"

'He is sick all the time; he coughs a great deal and his skin burns like fire—not now but at evening."

"Anything else?"

'Whenever he coughs he cries."

"How long has he been sick?"

"About three weeks."

"Was he quite well before that?"

"Yes."

"Do you nurse him still?"

"No; not since he was nine months old. I give him oatmeal and milk, farina and milk."

As far as the diet of the child is concerned the mother seems to have done well, but I should suggest an addition, barley too. If the mother cooks the barley in a mixture of half milk, half water, it ought to be cooked for half an hour, but if she uses water alone, about fifteen minutes will suffice.

We will examine the chest of the child and see if we can discover the cause of the cough. The skin is quite cool now, and although the mother says the child is sick all the time, he seems well enough at present, but that is only the material way of speaking. On auscultation, I find moist rales on both sides, and sibilant rhonchi on the left. Such a condition of things is not, of itself, dangerous, but it is from just such a form of bronchial catarrh that a lobular pneumonia may start, and the following is the reason why from such a catarrh a dangerous lobular pneumonia may take origin:

When a bronchial catarrh is general it does not mean so much as when it is on one side, and with such sibilant rales, as I hear in this case, mixed in with other signs. These sibilant rales mean that the catarrh is more developed on that side and lower down nearer the lobules themselves, and a lobular pneumonia may, in this condition, be developed in these lobules, the entrance to which is blocked up by a mass of mucus in the capillary bronchi.

Whenever you hear such a sibilant rale on one side, it ought not to be made light of. This child should be kept in a room, or rooms, the air of which is maintained at a constant temperature, and moistened by means of a steaming kettle. The windows should be opened when it is very hot, but not the doors. Drafts of cold air will aggravate such a case, but the room ought not, on the contrary, to be overheated. Medicine will not do much good. Counter-irritation might be of use. If you were to order counter-irritation, you would make use of the unmitigated mustard plaster between two cloths, and direct this to be kept on the chest two or three minutes only, just sufficient to produce a pink discoloration. In this way the application may be renewed eight or ten times in twenty-four hours, at intervals of an hour or two. If the skin is reddened, you will do no good, for in that case it may be days before you can safely renew the application. A mild expectorant may be given here, and there is none more suitable than ipecac—not, however, the syrup. I never use the syrup when I expect the mixture to be used more than a day. It is apt to become rancid from the heat. Instead, I use either the infusion or the fluid extract of ipecac. I give one-twentieth of a grain of the fluid extract every hour. Sometimes I mix with the ipecac, aqua camphoræ or syrup senegæ, but I avoid syrup in summer, as I have before said. Sweeten the mixture with glycerine instead. For this case we may order two minims of the fluid extract of ipecac to four ounces of water, adding two or three drachms of glycerine. In a teaspoonful of this mixture the child will get about one-sixteenth of a minim of ipecac every hour, or in case that produces vomiting, every two hours.

[Written for The Therapeutic Gazette.]

Sanguis Bovinus Exsiccatus.

By J. H. Egan, Pulaski, Tenn.

DR. BODENHAMER was one of the first to draw the attention of the profession to the advantages of rectal medication and alimentation, and to render them popular. Prior to the publication of his brochure the exhibition of medicaments was generally confined to the stomach; although it was conceded that fluids were readily absorbed by the lining membrane of the bowels, and quickly carried into the general circulation. Injections and suppositories were used, but only when the drug could not be exhibited by the mouth.

There are various classes of cases where rectal alimentation is of vital importance. 1. Where there is inflammation or irritability of the stomach attended with so much nausea and vomiting that nothing can be retained, but is at once ejected. 2. Where there is an ulcer or cancer of the stomach or small intestines, and we desire to give that portion of the alimentary canal rest, in order to promote resolution. 3. Where there is an intense disinclination to take food, and where we may rationally expect to save life if we be able to support the strength of the patient, as in continued fevers and other self-limited diseases. 4. Where the act of swallowing is painful and difficult, as in stricture of œsophagus; abrasion of the tube from corrosive poisoning, diphtheria, tonsillitis, etc.

There is no doubt that all substances injected are not absorbed by the rectum, but pass up the canal until they may reach the stomach itself. No substance ought to be injected that requires the solvent action of the digestive juices before it can be taken up by the lacteals and lymphatics. The object of digestion is to convert food into blood, and hence if we inject the blood itself it requires no preparation, but can be at once carried into the circulation. Milk, beef extract and all other articles must pass through the stomach and small intestines to be acted upon by the gastric juice, pancreatine and bile before it is converted into chyle and chyme and rendered fit for absorption into the blood. It is the opposite with blood, as it is already fit to be taken up by the lacteals, and, therefore, it is better exhibited by the rectum than the stomach. The value of beef depends upon the juices it contains, which are simply blood, and in the process of cooking these are transformed, and require the action, of the stomach to render them absorbable.

Dr. Adolph Tscheffe says, "Liebig's extract and the extracts from Montevideo, San Antonio, Adelaide, and Fray Bentos are made by extraction by cold water and subsequent heating to the boiling

point; in this way all albumen coagulable by heat, gelatin and fat of the contents are left behind. They are, therefore, not nutrients at all, but must be considered as nervous stimulants, like tea, coffee, chocolate, brandy and similar articles. On analyses they will be found on the average to contain:

Dry substances, 78.85 per cent.
Ashes, 15.22 per cent.
Organic substances, 50.65 per cent.
Extractive soluble in alcohol not less than 65 per cent.

Meat freed from fat contains:

Dry substances, 21.5 per cent.
Nitrogenous substances, 22.17 per cent.
Ashes, 1.20 per cent.

The amount of water varies with the different extracts from 16 to 32 per cent.

Besides the above there have of late appeared various other makes under different names which claim to be an improvement, inasmuch as they are stated to contain albumen and other nutritive substances not found in Liebig's extract. On analysis this was shown to be a delusive statement. Liebig long since acknowledged the failure of his formula for a nutritive food.

Manufactured beef extract, wine and beef and all preparations allied thereto are worthless. Beef juice made at home by cutting the meat in small pieces, and boiling without diluting with water is nourishing, but it is best given by the stomach as the process of cooking has transformed it and rendered its digestion necessary. But it is precisely in those cases, where administration by the prima via is impracticable, that we require rectal exhibition. We can inject milk but it is too bulky; so much would be required, and so frequently, that the bowel would become irritated and it would not be retained. It must be admitted that milk will be absorbed without change, as it has been used in place of blood for transfusion. This has been repeatedly done by Dr. Thomas, of New York. We have then no choice but to use sanguis bovinus.

Long before the attention of physicans was called to the matter the poor in Europe frequented the Abbatoirs for the purpose of drinking the fresh blood. The Germans make use of it in what they term "blood pudding." In France, and afterwards in the United States, a pill was made composed of blood and other compounds. As there was not a great demand for them they soon passed out of notice.

Blood for the purpose of injection must be prepared in the same way as for transfusion. It must be whipped up until the fibrin separates. If in all parts of the world we had access to fresh blood at all times no further preparation would be necessary. But as this is not the case it remained for the manufacturing pharmacist to prepare it in such a way that it was ready for immediate use.

An arrangement is made with the Central Stock Yards and Transit Company of Jersey City, and the services of Dr. J. J. Craven, inventor of the great ship-refrigerators for preserving meat during ocean voyages, is secured for attending to the details. The selection, killing, and preparation of the blood are conducted under his direct supervision; the desiccation must be performed with the greatest care in the most approved apparatus.

Dr. F. E. Stewart says: "It is hardly reasonable to infer, and clinical experience does not justify us in believing, that blood is absorbed from the rectum without a breaking down of the corpuscles; but there are good reasons to suppose that it enters the system without marked chemical change, and it has been satisfactorily proved by Dr. Smith and other scientific physicians that its use is remarkably beneficial to patients. How much this is due to the hæmaglobulin and its action on the nerves, remains an interesting matter to determine."

"Blood for rectal alimentation must be from healthy animals. Inflammatory blood from diseased cattle will not do, or blood from animals fatigued by long journeys. None but powerful vigorous bullocks, fed and rested until the heart's action regains its accustomed tone should be selected for this purpose."

"Killing must be done in a manner to secure healthy blood. This can be accomplished only by bleeding to death. Striking on the head or in any other way causing death from apnœa prevents a proper arterialization of the blood. Blood from animals killed in this manner or the inflammatory blood from diseased cattle is unfit for use in the arts, and, therefore, must be too imperfect for employment in therapeutics. Great care must also be taken in the preparation, due attention being paid to all chemical and vital phenomena. Long exposure to the air in a fluid condition or too high heat not only decomposes but devitalises it, and if the heat be raised to 160° F., coagulates the albumen. No heat above 110° F. should be used in drying the blood, and the process should be as instantaneous as possible and without agitation."

"Desiccated blood as thus prepared is completely and readily soluble in water at all temperatures below 160° F., and contains all the elements of blood except water and fibrin. The loss of the latter does not seem to impair its nutritive value, being but a very small proportion of the nitrogenous constituents of the blood."

A drachm of dried blood is necessary to represent a fluid ounce of blood of ordinary specific gravity. The formula used in the New York hospitals is:

℞ Sang. bov. exsicc., ʒ vij.
Aquæ, ʒ iv.
F. sol. et adde.
Glycerinæ.
Spts. vini gallici, ♏ ʒ j.

Sig., a tablespoonful every three hours.

The conclusions of a committee on the restoratives of the Therapeutic Society are:

1. That defibrinated blood is admirably adapted for use in rectal alimentation.

2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That administered in this way twice or thrice a day it produces in about one-third of the cases for the first few days more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are contended.

5. That in a very small percentage of cases irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestines, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That in favorable cases it is capable of giving an impulse to nutrition which is rarely, if ever, obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.

It is unnecessary for me to report cases as sanguis bovinus exsiccatus has been so long on trial in the hospitals of the Metropolis that its merits are now unquestionable. I can only recommend that physicians request that their druggists keep a stock on hand ready for an emergency.

[Written for the Therapeutic Gazette.]

Erythoxylon Coca in the Opium and Alcohol Habits.

By W. H. Bentley, M. D., LL. D., Valley Oak, Ky.

IN May, 1878, I wrote an article for New Preparations on erythoxylon coca, which was published in the July number of that journal.

The following is the opening paragraph of that article: "A few years since, I procured six or eight pounds of the saturated tincture of erythoxylon coca with a view of testing the virtues of the plant therapeutically. I used all but a single bottle within the course of about fifteen months. All the cases, but one, in which I prescribed it, were those of a chronic character affecting the lungs, and simulating phthisis. The excepted case was one of nervous dyspepsia complicated with uterine troubles and hysteria. The patient was married, the mother of two children, the youngest six months old, while the mother herself was 23 years of age. She was greatly emaciated, very despondent, and was, withal, addicted to the 'opium habit.' It was as a substitute for her accustomed morphine, the use of which I absolutely forbade, that I directed the coca, in drachm doses three times a day. It anwsered the purpose admirably." The closing paragraph is as follows: "I shall hereafter give erythoxylon coca a thorough trial in "wasting diseases," tardy convalescence from acute maladies, in certain forms of dyspepsia; and carefully test it in the 'opium habit.'"

This promise I have assiduously kept, intending, when I obtained sufficient data, to report, for the benefit of the profession, the results of my observation. To do so, I consider a duty, and this duty I shall now attempt to perform, premising that I have used the fld. extr. of erythoxylon coca from the well known house of Parke, Davis & Co., of which I have prescribed about 25 lbs. within two years:

Physiologically and pathologically, I consider the opium habit and the "alcoholic habit" or the inability to abstain from drunkenness, (for I do not know that I have seen the term 'alcoholic habit' used), as nearly or quite identical.

In the following remarks, I shall use "opium" for that drug and all its preparations, and "alcohol" for all beverages containing alcohol.

Both opium and alcohol in small quantities are stimulant, carried further, hypnotic, and both, when taken in sufficient quantities, become narcotic poisons capable of producing death. The habitual use of one is contracted just as that of the other, and, when carried to a sufficient extent, becomes irresistible. This is the case, at least, with nearly all the victims.

The victims of either take the accustomed drug for the stimulating effect, which, when carried to a certain degree produces a happy—a kind of ethereal—sensation. When this begins to subside there remains a wretched sinking sensation which calls for another dose, and so on *ad infinitum*. A sufficient continuation of either habit will narcotize the brain, destroy the nervous system, and terminate fatally.

Now, if the victim of either opium or alcohol could find a preparation that would produce his accustomed stimulus without leaving a feeling of depression, he could, with the aid of very little exercise of his will, abandon his vice and regain his normal condition.

In the erythoxylon coca we find that very article, for, while in the proper doses it is capable of producing the most exalted mental feeling, far more ecstatic than anything ever experienced from the use of opium or alcohol, its effects pass away gradually after a few hours, leaving a feeling of buoyant serenity, not to be succeeded by any depression. It was this property of erythoxylon, with which I was familiar, that led me to test it in the case referred to at the head of this article. That was in 1874. As I was not soon after called on to especially treat a case of opium habit, the case passed from my mind until 1878, when circumstances again brought it to memory. Since then I have sought opportunities to try its effects frequently, when learning of a case even in other counties I voluntarily recommending the erythoxylon coca.

I subjoin a few cases:

Miss M., a sprightly, intelligent blonde, æt. 30. I had been acquainted with her for 13 years, and for several years of our early acquaintance, when the family lived near me, was her father's family physician. In June, 1878, I accidently met her on a train. Eight years previous she had a protracted attack of pneumonia, during which she contracted the habit of using morphine which she still retained. These facts were well known to me, so I took occasion to ask her if she had left it off. She replied in the negative and told me that she then required 10 grs. twice a day. She had tried nostrums and had visited some advertising quack in another State, to no purpose. I then suggested the erythoxylon, fully explaining its action. The result was I prescribed a pound for her. I received a note from her when she had used this. She was much encouraged and had ordered two pounds more. This quantity completed the cure. I saw her recently when she assured me that she had no desire for morphine.

Case 2. July, 1878, was called to a case some 15 miles distant and nearly all the way "in the hills." I was quite astonished to find about one tenth of an acre in poppies. On inquiry the lady of the house, a widow, æt. 40, told me that she was an "opium eater," to use her expression, and

that she raised her own opium. From what I could learn she used about half a pound of the drug a year. I persuaded her to give up the habit. She declared that she could not. She agreed, however, to try, so I sent her ½ lb. fld. extr. coca to begin with. When used, she sent for half the quantity, stating that she thought it would complete the cure. I sent her a half pound. She sent me her opium crop that winter, with the message that the medicine had cured her.

Case 3. An old lady, æt. 72. Had been addicted to the habit for 35 years. I persuaded her to try the coca. She was then taking ½ drachm doses of opium three times a day. She said she felt sure she would be unable to leave off the opium, but as she was wealthy and extravagant, she readily consented to try the coca. She procured two pounds on my prescription, and began its use. The progress of the case is rather amusing. She uses one for a time, and then resorts to the other. Sometimes she does not taste opium for a fortnight, using the coca during the time, then she returns to her opium, and thus she alternates. Her doses of opium have been reduced, to as little, I think, as 10 grs., and her general health has greatly improved. Before using the coca, she was a great sufferer from duodenal dyspepsia. She has so far improved, in this respect, that she rarely suffers in this particular, and it is a wonder, too, for she is a ravenous feeder and as fond of "cake and pastry" as a child, and, withal, uses a great deal of wine.

Case 4. An unmarried man, æt. 27. Contracted the "opium habit" five years previous to using the coca. Had become a great slave to morphine. June 1879, I put him upon coca. He ordered three pounds at the beginning. In October following, I met him and he assured me that he was entirely relieved of the habit, and had one pound of his medicine left.

The above are four cases out of eleven treated within a little more than two years. None of the others were so serious, and all were restored except a young lady, who went west immediately after I prescribed for her, and I have not heard from her since. In fact, I have not learned her address.

I have cured three "drunks" of their pernicious habit, but, as I am extending this article, I shall detail but one.

A medical friend with whom I had once been quite intimate, had contracted intemperate habits. He was not a "constant drinker," but was in the habit of "getting on sprees," as he called it, and could not, after tasting spirituous liquors, refrain from getting beastly drunk and remaining so until he broke completely down. He would then get sober and remain so, laboring with much zeal and success at his professional duties for a period, varying from one to two months, when the desire for whisky would seize him with such irresistible force that he "was bound to yield," as he put it.

I had not met him for six years until October, 1878. His intemperate habits had been contracted in the mean time. He told me all and appeared much distressed. I recommended the coca. He returned to his home and wrote me, April, 1879: "I am perfectly cured of the whisky habit, thanks to you and erythoxylon coca, but I can scarcely keep from forming a coca habit, becoming a '*coquero*,' as you called it.

One word as to my mode of using the coca. As stated above, it is capable of stimulating to any given extent. Now my plan has been to begin with a drachm dose of the fluid extract, *just* when the desire for the opium or whisky is quite urgent, giving in a little water. If this does not produce sufficient stimulus to take the place of the accustomed drug, I repeat in 30 minutes and so on. In this way, I soon find the required dose.

I request the patient to substitute the coca for the opiate or liquor, and, if possible, to abstain entirely from his former bane.

I would not think of giving the erythoxylon in a case of acute opium poisoning.

[Written for the Therapeutic Gazette.]

Medical Jottings—Camphor in Summer Diarrhœa—Nitro-Glycerine, Etc.

From Our London Correspondent.

LONDON is empty, and the fashionable streets at the West End are all but deserted. The houses are closed and their windows covered with brown paper. Most of the doctors are away, and patients are few and far between. Many of our physicians take their annual outing at Christmas and stay in town all the summer, but I am afraid they find very little to do during the months of August and September. This has been an unusually healthy season and there have been no epidemics of importance. Summer diarrhœa is the great complaint now, but this rarely gives much trouble, It is wonderful how speedily essence of camphor arrests its progress. Five drops on a piece of sugar every ten minutes or a quarter of an hour, according to the severity of the symptoms, will nearly always stop it.

I am glad to see that nitro-glycerine is coming so largely into use as a remedy for angina pectoris and other complaints. It is extensively employed in the London hospitals, and some very striking cases of cure are reported. One of the funniest things about it is a paragraph that appeared sometime ago in one of the daily papers. Speaking of the nitroglycerine pills the writer says: "They are reported upon very favorably from a medical point of view; but we may perhaps be excused if we point out that there are other very serious considerations involved. Has the author of this ingenious discovery so completely confined his reading to professional journals that he never heard of the Explosives Act, which provides *inter alia*, that before a house may be converted into a nitro-glycerine factory the approval of the Secretary of State must be obtained? Have the plans of the proposed factory and of the adjacent buildings where the explosive pills are to be made been deposited at the home office in triplicate as the Act enjoins? Will the pill boxes be water-proof, and will they in accordance with the orders of the Secretary of State, be marked 'explosive, blasting cartridges, containing dynamite ammunition, class six, division two?' Moreover it is not quite clear that patent-rights have not been overlooked. The House of Lords have decided on an appeal case that to absorb nitro-glycerine in porous non-explosive substances, constitutes an infringement of Nobles's patent. It might be a nice question for a court

of law, how far an angina pectoris patient, taking one of these pills, might not be held to be disobeying an injunction of the highest court of appeal. These considerations are urged on purely legal grounds. But the prospect of a growing passion for nitro-glycerine pills opens up apprehensions of personal surprises of a very unpleasant kind. We have already sufficient mysterious disappearances without introducing a fresh element of possibility in the shape of nitro-glycerine to be taken internally. The apothecary who made pills to prevent earthquakes is an old figure in literature. An apothecary who makes pills calculated to bring about an earthquake is a new factor in social life, who appears to require especial attention." In answer to this the editor of the British Medical Journal replies that there is not the slightest cause for anxiety, and that it is not likely that anyone will ever be blown up by nitro-glycerine pills. However, to make assurance doubly sure he has submitted the question to a gentleman who is pre-eminently fitted to offer an opinion on the subject. This authority, after expressing a decided opinion that the dose used for medicinal purposes could not by any possibility cause an explosion, proceeds to detail some experiments which can hardly fail to be regarded as conclusive. He says: "I obtained about an ounce of the mass from which the pills are made and carried it in my pocket first to Westminister in an omnibus, and then to the city by underground railway. It received a very considerable amount of jolting and knocking about, and had it been an explosive, could hardly have failed to have gone off and annihilated me. I next stirred it up, first with a lighted match, and then with a red-hot wire. I have also thrown some of the pills from a second-floor window to the pavement beneath without the slightest effect. That the mass cannot be exploded by percussion is amply shown by another observation. A portion of the mass was placed on an iron plate and a heavy weight allowed to fall on it from a considerable height. Another portion was wrapped in paper, and hammered for some minutes on an anvil." The editor expresses an opinion that no patent rights have been infringed and adds: "Nitro-glycerine is a valuable remedy for a most painful and distressing complaint, and it would be a thousand pities if any attempt were made to limit its utility. It can be used for medicinal purposes with the most perfect and absolute safety." The paragraph in the daily paper excited some amusement at the time, but I understand on the best authority that there was never the slightest intention of interfering with the sale of nitro-glycerine for medicinal purposes.

The recent conviction of a nurse at Guy's Hospital for the manslaughter of a patient has created the greatest excitement not only in medical circles, but generally throughout the country. We have it on the authority of the presiding judge, Sir H. Hawkins, that never before has a hospital nurse been tried on the charge of criminally neglecting a patient. The general opinion seems to be that the sentence of three months imprisonment was by no means a severe one. The fact is that for some time past things have not been going well at Guy's, and unless some radical change is made in the management of this institution, patients will cease to avail themselves of the shelter of its walls. The medical staff is excellent, but an ill-advised attempt has been made to introduce a novel system of nursing on an unpracticable method and this is the result. In any other country the treasurer and matron would have been dismissed long ago. The matter has been brought before parliament, but it is hardly a matter in which that august assembly could interfere. Sir William Gull's unfortunate evidence at the recent trial has excited much unfavorable comment.

The annual meeting of the British Medical Association at Cambridge was a great success. Favored by the brilliant weather, by the local attractions which the University itself has to offer, and by the liberal hospitality of the colleges, the meeting was one which will be long remembered. Its scientific interest was greater than that of any meeting yet held. The honorary degree of L.LD. was conferred on Dr. Brown-Séquard, of Paris, Dr. Donders of Utrech, Dr. Gross of Philadelphia, Mr. Lister, Sir William Jenner, and some half a dozen others.

We are looking forward with much pleasure and interest to the meeting of the International Medical Congress, to be held in London next summer. The congress has in past years met in the following cities: in Paris in 1867, in Florence in 1869, in Vienna in 1873, in Brussels in 1875, in Geneva in 1877, and last year it was held in Amsterdam. The London meeting will be under the patronage of her Majesty the Queen, and it is understood that the prince of Wales and other members of the Royal Family will take an active interest in the proceedings. It is probable that a large number of distinguished men from all countries will be attracted to England as our guests, and there is a general desire to receive them with all cordiality and honor. The days of meeting will extend from Wednesday the 3rd, to Tuesday, the 9th, of August both days included. There will be a special section on Materia Medica and Pharmacology under the presidency of Prof. Fraser, of Edinburgh.

Jamaica dogwood promises to be a useful addition to our list of active remedies. Anything that will cure neuralgia, or even give temporary relief in that distressing affection is sure to be received with open arms. Dr. Ott's conclusions as to the action of piscidia are not very generally accepted. A professor Buchanan Baxter says: "Further experiments are undoubtedly needed before they can be accepted as final."

The latest remedy for the night-sweating of phthisis is muscarine, obtained from the agaricus muscarius, fly agaric or fly fungus. It is said to answer admirably. There are few better remedies than picrotoxine taken in the form of pills, gr. 1.60 every night at bed-time.

[Written for the Therapeutic Gazette.]

Compound Cerebral Sedative.

By A. H. Chenoweth, M. D., Olney, Mo.

THE prevalence, more particularly it is said by neurologists during the past two decades, of nervous affections among the American people,

has vested those agents of the materia medica which have an especial influence over this class of cases, with an increased interest. One cannot but be struck with the prominence given neurotics and their combinations in the lists of formulæ more lately given from the press. Even the country practitioner, removed though he be from the causes which are most fruitful in their yield of nervous affections, is aware of the fact from actual observation that a new element has crept into the diseases he is called upon to treat. The older physician has watched this change of type with interest, and has modified his practice accordingly. Whereas when he commenced practice, a quarter of century ago, diseases were of that sthenic type which frequently necessitated the use of the lancet, and nearly always the use of the depressant agents, he now finds his lancet laid on the shelf and coated with rust, and his prescriptions very largely made up of supporting agents directed more largely to the nervous than to the circulatory system. The advertising mountebank, wise in his day and generation, has recognized these facts, and the columns of our secular press abound in the advertisements of nostrums for the cure of diseases whose symptoms, minutely and graphically detailed, all point to the nervous system as the seat of disturbance. And it is not the secular press alone which contains advertisements of this class. Our medical journals, (to our shame be it uttered !) are not free from advertisements, essentially in no regard different, either in their nature or in their design on the unwary, from those which by common consent are branded as unscientific and worse. The manufacturer who, under the guise of respectability, finds room in the medical journals for the advertisement of his copyrighted compound, (nostrum), differs in no regard from the most notorious of patent medicine venders. If there is a difference it is in favor of the latter, for he is open and above board in his methods, while the former has "stolen the livery of heaven to serve the devil in."

I do not wish to be understood as implying that the copyrighting of a compound destroys its worth. There are copyrighted compounds of undoubted value, and it is to be regretted that the physician who has a just regard for the honor and dignity of his calling, is debarred from employing them. He is educated to believe that all therapeutic agents are the common property of man. The dictates of humanity and the Code of Ethics of his profession, which is based on these dictates, teach him this. He would spurn the thought himself, of keeping from his brethren the knowledge of any agent or combination of agents which his experience may have taught him possesses superior properties in therapeutics; and what he would condemn in himself he cannot, as he is a gentleman of honor, condone in another.

The objections to copyrighted medicines which are really nostrums, (from *noster*, ours, that is, proprietary,) is two-fold. The first which is based on principle, is above indicated. The second is that they are an imposition on the public in the matter of their cost, the price placed on them being regulated by their manufacturers, and being out of all proportion to their real value. Indeed it is to enable him to practice this imposition, and for no other reason, that the manufacturer secures his copyright.

With the above, by way of preface, I would lay before the readers of the THERAPEUTIC GAZETTE a formula, which my experience has shown to be indicated in the class of affections for which the nostrum Bromidia is recommended, and which I have found to obviate objections which are urged against that compound. I would premise this formula with the statement that I have no objection to Bromidia which is not embraced in the general statement what I have above laid down, as applying to copyrighted medicines as a class. I have no desire to detract one word from the claims made for it in the class of cases for which it is recommended. This much, however, I do say, and that is that the formula I submit is inferior in no respect, and superior in several, while at the same time it may be prepared at a greatly reduced cost—the latter being no small point in its favor:

℞ Chloralis hydratis.
Potassii bromidi āā ʒ jss.
Ext. gelsemini fluidi ʒ v.
Tr. opii ʒ jv.
Aquæ destillatæ q. s. ad. ʒ vj.

M. Sig. Dose, a half teaspoonful or more.

This solution remains permanently clear. Its composition will suggest its adaptability in nervous affections generally, and in a future article, the length of this one forbidding it, I will report some cases in which its use was followed by such results as have led me to regard it as a combination of a high order of merit.

I have suggested for the compound the name of Compound Cerebral Sedative, and would suggest that some of our enterprising manufacturing pharmacists place the mixture on the market under that name. We have officinal preparations, compounded and furnished the profession by large manufacturers, which possess many points of advantage over extempore preparations of the same articles, and in my opinion it would be an advantage to have this mixture so prepared. Being already prepared and put in the market unprotected by any copyright, and not contaminated by any of the taint which attaches to compounds thus protected, I am of the opinion that it would find that favor which its real value should win for it.

[Written for the Therapeutic Gazette.]

Coca-Erythoxylon—A New Cure for the Opium Habit.

Bp Edward C. Huse, M. D,. Rockford. Ill.

THE following two cases in practice, selected from others because of their having been longer under observation than the rest, are respectfully submitted, as hints, which, if properly taken may lead to results of immense importance in future investigations.

A. K., æt. 30, native of Sweden. Had rheumatic fever nine years ago. Says he had great pain in ankles for two years, for which the doctors gave him laudanum. Has been taking the drug ever since, and his present dose is about 2 ounces

per diem. May 2d, 1879. To have half an ounce of Parke, Davis & Co.'s fluid extract of coca, night and morning—no other medicine. May 5th. Has taken the medicine regularly a six ounce bottle in all. Feels "weak and nervous," and says he is greatly "out of breath." Continue the remedy. May 17th. Is still nervous and fidgety with trembling of the hands, and thirst. Bowels much constipated. Continue the medicine. June 2d. Very much better. An inclination to shed tears upon the least excitement has left him. Sleeps naturally. Thinks he can go without medicine now. June 21st. Greatly improved. "Is about well." Has taken but two doses of the remedy since last visit. The coca now disturbs his stomach. Has gained 17 lbs. in weight. Craves the laudanum only at night. July 4th: Has declared his independence. Says he never was so well in his life.

Case 2. Jan. 2d, 1880. Richard B., æt. 49, native of New Hampshire. Has taken morphia for nearly three years. In the spring of '78, lost nearly $1,500 in lumber trade. Took morphia because he could not sleep. Also drank a good deal. Suffers greatly from hemorrhoids. Upon examination the liver is found to be much hypertrophied, the superior border extending upward to nearly the fourth intercostal space. Is considerably emaciated, and has an icteroid hue of surface. Expression and manner anxious and restless. Extremities cold and livid, often, he says, becoming numb, especially in morning. Feels greatly depressed and does not care to recover.

Examination of chest shows some crepitation (probably from chronic hypostasis) at base of both lungs, though right lung is condensed upward and backward by superior surface of liver.

To have one ounce of fluid extract coca morning and evening. Jan. 4th. Has taken the medicine and says he feels better, though it prevents him from sleeping. Has lost considerable blood since yesterday, per rectum.

℞ Ext. belladonnæ alc., gr. x.
Acidi tannici, ʒj.
Plumbi acetat, ℈j.
Ol. theobromæ q. s. ft. mass.

Div. in suppositories gr. x. Use one after each evacuation. The coca as before. To live on beef tea and milk.

Jan. 9th. Is improving. Feels "chilly" most of time and is very breathless in morning until he takes his coca. Considerable pain down right limb, which is probably sciatica, from textural degeneration of neurilemma, or passive congestion at root of spinal source. A blister to be applied 4x4 to lumbar region; medicine as before.

Jan. 20. Improving. Discontinued the coca two nights, as it seemed to make him hiccough. Hepatic dulness decreased. Skin has to-day become moist, on walking to my office, which is nearly two miles from his residence.

Feb. 9th. When Mr. B. called this morning, it was hardly possible to recognize him, so greatly was he changed, for the better. He has gained some 17 lbs., he says, and is "quite well." He has a regular action of the bowels nearly every day, appetite immense, spirits faily boisterous. His muscles are becoming hard and tense, and the pulse and cardiac action are normal. A suspicion of atheromatous degeneration of the arterial system, which a præsystolic blowing murmur had led me to form, is entirely gone, from the sharply defined cardiac sound and impulse now present. In accordance with a suggestion some twenty years ago, from my old teacher, Prof. Alonzo Clark of N. Y., I requested my patient to go down stairs, to the street, and walk up again, rapidly. On listening to the cardiac sounds immediately, any deviation from normal rhythm or any latent bruit would become manifest. In this instance, nothing was apparent, beyond the expected, and in fact, necessary acceleration.

Remarks: Recognizing, as I think we must, the tendency of opium and its preparations to reduce the nervous textural waste, hence its work, to a minimum, the influence of a remedy for good, which supplies a vis motoris to compensate for this tissue disintegration is obvious. It occurred to me that from *à priori* considerations, coca would fulfil these indications. Let it not be understood that it is offered as a panacea for all the ills this enslaving habit implies. There is no force in this world, but as a resultant of matter and motion. Cerebral action, including mind, is no exception to this principle. When the factors of any physical force or product have deteriorated materially in organic molecular relation, in other words when there is profund lesion, these, and all such cases are hopeless. Of course this embraces a large number. But I claim it does not apply to nearly so many as would appear at first blush. Furnish *Will*, (nerve force), which from continued subjection has been impaired, and the train of its disastrous sequelæ of subjugation, disappears. That the remedy above described does this in a very large degree, several other cases, besides those cited have thus far evidenced, beyond question. Of course, attention to nutrition, and excretion are all important. The hypophosphites, malt, ergot, the salts of cinchona, and possibly, (though I have not yet tried it), rectal alimentation, would be of service.

[Written for the Therapeutic Gazette.]

Boldo Leaves.

By Louisa Reed Stowell, M. S., Assistant in Microscopical Botany, University of Michigan.

THE boldo leaves of commerce are gathered from the shrub or tree, boldo fragrans, which belongs to the natural order monimiaceæ. This tree is a native of Chili, found growing luxuriantly on the hillsides of the central provinces and cultivated in gardens.

It is a tall, evergreen, dicœcious shrub or tree, with verdant foliage, fifteen to twenty feet high—though some authors give the height as only from five to six feet. The flowers are sweet-scented and of a greenish-yellow color. The fruit is small, about the size of a pea, sweet, aromatic and of a yellow color, which the natives used as a relish. It is used though in small quantities on account of the sensation of heat left in the mouth and the almost sickening sweetness of the fruit.

The leaves are opposite and borne on short petioles. They are oval, obtuse at both apex and base, coreaceous, strong and rough. The lower

FIG. 1. BOLDO LEAVES.

a. Lower surface. *b*. Upper surface. Natural size.

surface of the leaf, fig. 1, *a*., is marked by prominent midrib and veins, even the minute net work of veins showing. The hairs add to the roughness of the lower surface. The upper surface *b*. is more glossy and is thickly studded with small whitish projections. The dried leaves have a reddish-brown color with a fragrant odor and a refreshing aromatic taste. The lower surface of the leaf when examined with the microscope is found to be composed of the usual epidermal cells, see *a*. fig. 2, quite uniform in size and appearance, while the stomates *b*. are like those of other leaves. Each stomate however is surrounded by four epidermal cells. The hairs found on the under side of the leaf are not very numerous or uniform in size or appear-

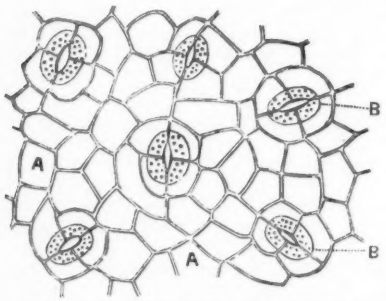

FIG. 2. LOWER EPIDERMIS AND STOMATES.

a. Epidermal cells. *b*. Stomates. Magnified 350 Diameters.

ance. They are multicellular and stellate with many points. The same are seen in fig. 3 more highly magnified. They are not borne on a pedicle or stem, but directly from the lower epidermis, as seen at *a*. fig. 4. The hairs found on the upper surface of the leaf are unicellular, long, slender, and borne on an enlarged multicellular base formed only of epidermal cells. These hairs are so easily brushed off the leaf that in the commercial leaf the projections are generally found without the accompanying hairs.

Figure 4 represents a cross section of the leaf showing the relations of the projections and hairs to the rest of the leaf. One can easily see here that the roughness of the upper surface is due only to the enlarged bases of the epidermal hairs. The portion of this section seen at *c* was more

FIG. 3. EPIDERMAL HAIRS.

From the lower surface of the leaf. Magnified 200 Diameters.

highly magnified and represented in fig. 5. The upper surface of the leaf is furnished with two rows of thick walled epidermal cells which is unusual as leaves have generally only one row. Directly beneath these is found the usual row of elongated palisade cells *b*, filled with chlorophyll.

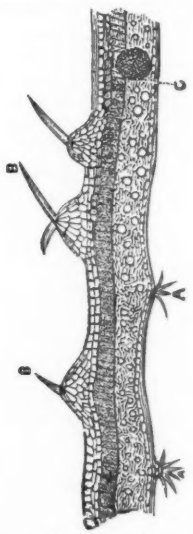

FIG. 4. CROSS SECTION OF LEAF.

a. Stellate hairs on the lower surface. *b*. Unicellular hairs on the upper surface. Magnified.

In a dried specimen the chlorophyll is of a yellowish-brown color. Forming the central part of the leaf are the loosely packed cells, called

parenchyma, loaded with brown coloring matter and dead protoplasm. The lower surface of the leaf is protected by a single row of thick walled epidermal cells similar to those of the upper surface. Numerous large glands *e* are found scattered through the loose parenchyma. In some of these are pendant cystoliths, *d*, others contain the essential properties of the boldo leaf, as boldina, tannin, and aromatic resinous compounds. There

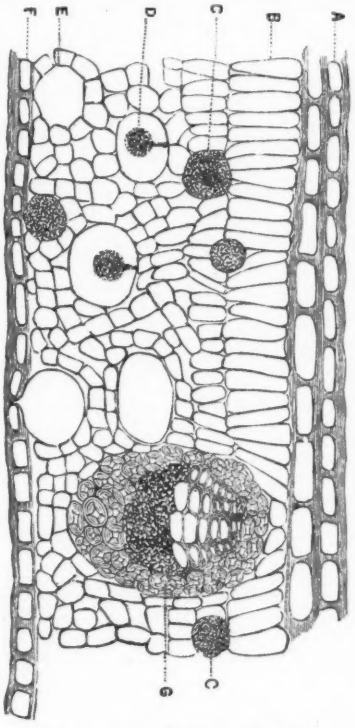

FIG. 5. CROSS SECTION OF LEAF.

a. Upper Epidermis. *b*. Palisade cells. *c*. Oil cells. *d*. Cystoliths. *e*. Glands. *f*. Lower Epidermis. *g*. Vascular bundle. Magnified 350 diameters.

are smaller oil cells, *c*, scattered through the leaf, sometimes found even between the palisade cells and the upper epidermis; these are loaded with essential oil. At *g* is seen a cross section of one of the veins of the leaf.

Boldoa fragrans is recognized by both the French and the Germans as officinal.

Travelers inform us that it has been used by the natives of Chili from time immemorial. In 1870 the medical men of Chili first began to use it in their practice. Shortly after it was introduced into the United States. It is now recommended for use in liver troubles, in rheumatism, dyspepsia, ulceration, etc., while it is receiving some notice as a curative agent in yellow fever.

[Written for the Therapeutic Gazette.]

Salicylic Acid for Cold in the Head, and Salicylate of Sodium in Afterpains.

By N. H. Farr, M. D., Paragon, Indiana.

I HAVE been using salicylic acid for some two years, for the frontal pain with coryza and increased lachrymation, occasioned by cold. This affection sometimes gives great pain, and is often very difficult to reach with the usual medicines employed. Salicylic acid given in ten grain doses (I prefer it in capsules) every two or three hours will give prompt relief. In my experience the third dose has hardly ever been necessary. I was induced to try this mode of treatment, from seeing, in some medical journal, the statement that salicine in twenty grain doses, was useful in such cases, and having no salicine on hand concluded to try on myself, the acid. It proved a success, and I have used it in quite a number of cases since, with very satisfactory results.

I had a case in whom the after pains had been all but unbearable. In two previous confinements they seemed to threaten convulsions and continued in spite of the usual remedies, chloral hydrate, hypodermic morphia, etc., which had the effect of giving only temporary relief, after which they set in with unabated severity. I had concluded at the previous pregnancy, on account of uterine tenderness, and again from the character of the afterpains, that there was a rheumatic condition of the uterus, and, during the present pregnancy and accouchment, the same assemblage of symptoms being renewed, helping, as I thought, to confirm my opinion, I resolved to give some anti-rheumatic agent, and accordingly put her on ten grain doses of salicylate of sodium. Partial relief followed the first dose and total relief the second. The third dose was given, and then from neglect of instructions no more was given for several hours, when the pains started up, gradually increasing. The salt was again given with the same result as before, a longer period, however, elapsing after leaving off treatment, before pains renewed. The continuous giving of the agent held the pains in abeyance, and finally completely overcame them. I have had no case since in which there was need of more than a small dose of morphia to quiet the pains, but should another such case present itself, will expect the same benefit from the salicylate of sodium treatment.

Reports on New Remedies.

[Written for The Therapeutic Gazette.]

Rhamnus Purshiana.

By Dr. Med. Karl v. Ruck, Norwalk, Ohio.

MRS. B., æt. 62. Was called to see her March 6th. Found patient much emaciated and low spirited, having been in the hands of several practitioners, without obtaining any benefit. Her last physician, a homœopath, had diagnosed inflammation of stomach, gave "little pills," and ordered diet of "cabbage and boiled onion!" to the exclusion of almost everything else. In getting the history of the case I found that it began with obstinate constipation about six months ago. The constipation was a more or less prominent symptom throughout her illness. I found great flatulent distention of stomach, the greater curvature reaching to within 2½ inches of the pubis! There was considerable tenderness of abdomen, and fæcal accumulation in ascending colon. The tongue was heavily coated, breath foul, temp.

normal, pulse 76, weak and compressible. She complained much of heat and burning in her throat, and eructations of gas from her stomach, and often vomited her food (cabbage and onions.) Besides she had much palpitation of the heart and fullness in chest, and, as she said, a "ball in her throat the size of a goose egg." Her bowels had not moved in eleven days; she was very apprehensive, declaring she was going to die anyway.

Looking the case over very carefully, I concluded that the whole difficulty depended upon the condition of bowels, and giving a favorable prognosis ordered large injections and a tablespoonful of the following every 4 hours until the bowels should move:

℞ Sodii bicarb., 4.00.
Pulv. rhei., 16.00.
Spts. menthæ pip., 8.00.
Syr. rhei. arom., q. s. ad., 125.00.

M. Ft. sol.

March 7th and 8th the bowels remained confined. March 9th, ordered:

℞ Hydr. c. cretæ 0.75.
Pulv. podophyll 0.05.

M. One dose, also an injection of an infusion of aloes.

Next night she had one stool and felt better. I now ordered the rhubarb mixture to be continued and the following pill at bed time:

℞ Pulv. aloes soc. 0.10.
Extr. nucis vom. 0.03.
Extr. bellad. 0.01.
Pulv. ipecac.
Pulv. saponis ℥ 0.02.

M. One pill.

In spite of this, and occasional change to mercurials, saline and veget. cathartics, in full doses as well as copious injections and the best regulated diet, her bowels remained confined for 7 days and moved only upon administration of:

℞ Hydr. c. cretæ 1.25.
Pulv. podoph. 0.20.

M. One dose.

Smaller doses given before had no effect. Continued same for two days in half doses, with no effect. On March 19th gave again hydr. c. cretæ 1.30, pulv. podoph. 0.25, with no effect. March 20th ordered castor oil emulsion which she vomited. It would occupy too much space to give the details of the treatment for the next nine or ten days during which she had no passage at all. I resolved now to again try cascara sagrada 'though I had been disappointed in its use in several cases; I must however, in justice remark that the preparation used was one made by a New York house. I obtained a sample vial of Parke, Davis & Co., Detroit, and, April 1st, discontinuing everything else except 5 grs. of lactated pepsin three times a day, with milk; I ordered

℞ Ext. rham. pursh. fl. (P., D. & Co.'s.)
Syr. rhei arom. ℥ 60.00.

M. Dose, 5 grammes after each meal and 10 grammes at bedtime.

April 2d, she had two free and easy passages from her bowels and said she relished her food a little more. Continued treatment. April 3rd, again two passages, other symptoms improving. Continued treatment. April 4th, had four passages, still improving otherwise; decreased the dose after this, so that the bowels moved once or twice in 24 hours until April 20th, when she took only half a teaspoonful of the mixture at bedtime, and was discharged cured, having had no distress of any kind since the first few days after beginning with cascara sagrada. She gained over twenty pounds of flesh in this short time.

I have records of several other cases of a similar nature in which cascara sagrada succeeded equally well.

[Written for the Therapeutic Gazette.]

Manaca.

By C. H. Lent, M. D., Ellenville, N. Y.

I HAVE employed this drug in the treatment of a number of cases of rheumatism, brief notes of two of which I herewith submit:

The first case was of several months standing and had resisted the usual treatment. I placed it on manacá and was gratified to notice a very prompt and marked relief. The improvement was such as to encourage the hope of a cure, but unfortunately an inter-current disease set in, to which the patient succumbed.

My second case was one of very acute and severe rheumatic arthritis, attended with the high degree of pyrexia and other distressing symptoms usual in this disease. I placed him on five drop doses of the fluid extract of manacá, which on the second day were increased to eight drops. This quantity was tolerated and there was no disturbance in the functions of any of the organs nor any irritation of the stomach or bowels.

The patient complained of only a slight headache and there was none of that severe pain and sensation of crushing of the brain which is said to be one of the effects of too large doses of the drug.

Under this treatment the pain and swelling subsided rapidly and steadily, and motion soon became bearable. I found no necessity for the administration of the usual remedies for the reduction of the high fever. The defervescence was gradual and satisfactory without their aid, and the patient went on to convalescence.

I have employed manacá sufficiently to justify me in commending it to the consideration of my professional brethren.

[Written for the Therapeutic Gazette.]

Cedron Bean.

By John Penn Curry, New York.

ONE morning during an extended survey of Panama, as I was sitting in front of my tent watching the movements of a large rattle snake about thirty feet in front of me, I saw the reptile strike with its fang a bird which had alighted on a twig, about three feet from the surface of the ground, knocking it completely over. It struck the bird a second time, before I succeeded in killing the snake. It had fourteen rattles which I still preserve.

Notwithstanding the bird (a species of buzzard) had been knocked down by the force of the onslaught, it recovered strength enough to fly off about fifty yards, and peck away for a few seconds at a large bush, resembling in appearance one of our American quince trees, and then winged its way into the upper air, apparently well and not the least affected by the sting.

I called one of my camp attendant's, a native of Panama, attention to the incident. He looked at me in astonishment and laughed at my ignorance and innocence in not knowing the antidote for the sting of venomous reptiles and insects.

"Me no caree for rattlesnake, moccasin, copperhead, lizard, or tarantula bite no more than a fly bite." The 'cedron bean' kill the poison in five minutes."

To prove his assertion which we all doubted, that night he trapped a large sized rattlesnake and the next morning in the presence of the whole camp allowed it to strike its fang several times at the forefinger of his left hand before he killed it.

The punctures were about the size of the head of a darning needle. A deep purple inflammation rapidly set in and began to extend over the hand like St. Anthony's fire. Some one suggested whiskey, but "Tony," pulling a cedron bean from his pocket, the bean being about the size and appearance of a horse chestnut, began to nibble away at it, and with the spittle saturate the wound. Then with some scrapings of the bean and with a gill of hot water he made a tea and drank it off. Within half an hour, certainly, all perceptible external inflammation had subsided, and with the exception of a little nausea which he experienced, not the slightest effect of the sting two hours after was perceptible. Other experiments only corroborated his statement. I carried with me a peck of the beans to San Francisco, and repeated experiments, at my suggestion, were made by Professor Lanzwert, a German chemist and physician of high standing, and always with great success.

I wrote an account of the medicinal properties of the cedron bean, which was published in the Alta California newspaper and copied in the London Lancet.

When the cedron bean is made into a tincture, say one-fourth of the bean to two ounces of alcohol, and taken in doses of fifteen or twenty drops twice a day, it has proved to be very efficacious in confirmed gout. In ordinary cases ten drops twice a day would be sufficient.

Again, it is asserted by the natives of Central America that not a single fatal result from hydrophobia has ever been known among them, though the whole country in the tropics seems to be overrun with dogs.

When any one is bitten by a dog, a tea made of the cedron is all that is taken. Dogs are known to eat of the bean at times the same as a cat does of wild catnip. These natives positively assert that cedron is the preventive of this usually fatal disease.

[Written for the Therapeutic Gazette.]

Jamaica Dogwood—Berberis Aquifolium—Rhus Aromatica—Actinomeris Helianthoides.

By I. J. M. Goss, A. M., M. D., Marietta, Ga.

JAMAICA DOGWOOD.—This is one of the remedies recently introduced, which have proved valuable. I have used it as a soporific, for which purpose it is one of the most certain and kindly acting articles of that class. It produces refreshing sleep, from which my patients awake without any unpleasant effect whatever. This commends it to the profession. As a nervous sedative I have used it in cases of neuralgia and tooth-ache with the most prompt success. It acts upon the nerve centers in a peculiar manner. It does not produce cerebral hyperæmia, like opium is well known to do. I find that it requires from 5 to 15 drops to produce sound sleep.

Berberis Aquifolium.—This agent is one of our most potent and positive alteratives. I have used it in several cases of syphilis, and in the three stages, and find it a positive anti-syphilitic. I have used it also in some cases of long standing scrofula with very prompt success. Combining, as it does, tonic properties with its alterative effects, it is the needed remedy in most cases of scrofula, from the fact, that, while we want to eliminate certain morbid materials from the system, we also want some tonic remedy to reconstruct, or build up the system again. I find that 15 to 30 drops is a sufficient dose, repeated every four hours.

Rhus Aromatica.—This new candidate for professional favor is proving valuable in many respects. It not only acts specifically upon the urinary apparatus, but has considerable affinity for the mucous membrane of the bronchial tubes, relieving irritation and lessening excessive expectoration, and soothing the cough in a marked manner. I like it very much in hemorrhage of the kidneys and bladder. In enuresis, of old or young, this is one of our most trustworthy remedies, given in 20 to 30 drop doses of the fluid extract.

Actinomeris Helianthoides.—This is a new remedy, that as yet, cannot be found in market; it, however, grows plentifully in upper Georgia, North Carolina and East Tennessee; and if some pharmacist will procure it and manufacture it into a fluid extract, in vacuo, so as not to injure its oleoresin (its medical principle), he could find a ready market for it in the South. It has a specific affinity for the kidneys and bladder; some believe that it really dissolves calculi. It relieves all irritation of the urinary tract very promptly. I have used it in dropsy as a diuretic, in which case it acts well. I have used it also in many cases of dysuria, or hyperæsthesia of the bladder, with prompt success.

[Written for the Therapeutic Gazette.]

Damiana—Piscidia Erythrina.

By T. C. Brannon, M. D., Brannon's Store, Texas.

I HAVE taken and given this drug to my patients in the form of three grain pills of the extract. In my own case I employed it for a disease, having its origin in the cerebellum and medulla oblongata, resulting in prostatic debility, which had almost completely disqualified me from attending to my professional duties, since 1864, until I commenced the use of damiana, about six months ago. I have referred to this in a previous number of the GAZETTE (May number) and would now merely say that under the continued use of the drug I have nearly regained my former health and powers of endurance.

Damiana is not, (strictly speaking,) an aphrodisiac; ("a provocative to venery,") but a gentle, efficient stimulant of the cerebellum and medulla oblongata; extending its stimulant and tonic effect to the renal and genital organs. Four of the

pills, two each morning and two each evening, or twelve grains of the solid extract is the quantity that I have found to act best. Large doses effect the head much like an overdose of quinia.

Piscidia Erythrina.—I have used the solid extract made into pills with powdered licorice, in neuralgic pains, in cases of uterine displacement, unsettled pains, etc., with much benefit to my patients thus far. I regard the drug as one of the most valuable in the hands of the profession, and would ask all physicians to overcome the prejudice against it on account of its being a "new remedy," and give it a trial.

(Written for the Therapeutic Gazette.]

The Cacti in Impaired Vision.

By A. B. Woodward, M, D,, Tunkhannock, Pa.

FROM experiments performed with different varieties of the cactus, bonplandi and grandiflorus, I have ascertained that they exert a marked influence in certain cases of impaired vision. They do this, evidently, through their influence on the nervous system, for they are not only nervous stimulants, but exercise a permanent tonic influence over that tissue, a fact which any one who has employed either of the varieties named cannot fail to have noticed.

In defective vision due, not to any appreciable organic lesion, and hence, presumably, to deficient nervous influences, I have found the cacti to exert as I have said, a marked beneficial influence. In a case which came under my care, of impaired vision, associated with impotency traceable to no other cause than excessive venery, I placed the patient on a combination of the tincture of the green cactus grandiflorus and damiana. No benefit was noticeable until the doses were increased sufficiently to cause some pain in the head, when improvement set in and steadily advanced. In this class of cases the secretions, particularly of the liver, will be found defective, in which case there is no article which admits of comparison with podophyllin.

[Written for the Therapeutic Gazette.]

Urechites Suberecta.

By A. G. McCatty, Montego Bay, Jamaica.

THIS drug is one which though long known on this island has never been submitted to any general tests to determine its therapeutic properties. The knowledge of its active poisonous nature coupled with the superstitious dread with which it is regarded by the natives, has doubtless been the chief cause of this neglect to determine what merit, if any, the drug possesses from a therapeutic point of view.

I have, through observations which I have conducted, been able to come to the following conclusions regarding urechites suberecta:

It is a cumulative poison, one which if employed for any length of time in small doses may at first produce a scarcely perceptible effect, but afterwards exert a dangerous depressant action. Its effect on the circulation is very similar to that of aconite, decreasing the force of the arterial circulation.

I have employed it to some extent in the endemic fevers of this country and have been struck with its prompt, decided and permanent effect when given in the acute, febrile state. It very speedily allays the excitement and in nearly every case in which I have employed it, I have been able to pronounce my patient convalescent in about two days. I, of course, employ in connection with it quinine and purgatives. The action of these without the urechites is seldom or never attended with such prompt and permanent relief. I have employed a tincture of the drug, commencing with five drop doses every four hours.

I am of the opinion that an investigation of this drug will prove it to be possessed of valuable properties.

[Written for the Therapeutic Gazette.]

On Some Kansas Herbs.

By W. S. Newlon, M. D., Oswego, Kansas.

AS the sickly season still continues and the busy doctor physically and mentally worn down, runs over his list of remedies for this malady and that he is called to treat he will no doubt be interested in a few lines from this fair country where the sun shines kindly "and only man is vile."

Among our indigenous new remedies the salvia pitcheri is a fine tonic and diaphoretic like many of the labiates, worthy of constant use among the afflicted.

Then there is the amphia thyris dracunculoides, a fine rubefacient, better, perhaps, than polygonum hydropiper, still its merits are yet hid to the profession.

The rhus aromatica grows here and is a fine medicine. As malarial fevers continue the sabbatia campestris has its uses. When combined (the fluid extract) with sweet spirits of nitre and a little cinchonidia or quinine it gives tone to the stomach and bowels and keeps the secretions active and restores the strength and appetite rapidly. Some malarial fevers are cured by germ killers and some by remedies that eliminate noxious influences by giving the system tone. Which is the better, who can tell? I can always speak a good word for sabbatia campestris and its uses among the sick.

I hope to attend the Southern Kansas Medical Society at Wichita, October 5th, a delegate from the Southeastern Kansas Medical Society, perhaps when I do I can find some other facts from among the herbs for your readers.

[Written for the Therapeutic Gazette.]

Manaca.

By S. L. Kilmer, M. D., South Bend, Indiana.

SOME months since, I procured a sample of fluid extract manacá for the purpose of testing its value in my practice. I immediately administered it in three cases of chronic rheumatism then under my charge. In each of them I had the pleasure of finding that in 24 hours, or less, its effects were noticeable in the almost entire relief from pain. I have since used it in eight cases of rheumatism, some chronic and others acute, and in no case has it entirely disappointed me, while in most the relief has been steady, constant, and satisfactory. I consider it a valuable addition to our therapeutic agents for the relief of this troublesome affection.

Abstracts and Translations.

[Translated for the Therapeutic Gazette.]

On Quebracho Bark.

Botanic-Pharmacognostic Essay by Dr. Adolph Hansen, Assistant at the Botanic Institute of Erlangen.

[Illustrated by three plates containing twenty-five lithographic figures.]

PREFACE.

Soon after the introduction of quebracho bark, this remedy attracted considerable attention. The limited knowledge we possessed of the drug itself, and the difficulty of obtaining it, as well as the occurrence of frequent substitutions of false varieties for the true drug, caused considerable confusion, which was not in the least diminished by numerous communications of results obtained from all kinds of barks. A large number of short notices of the bark and its therapeutic effects appeared in the medical and pharmaceutical journals without, however, a report of any thorough examination of the bark itself. The only serviceable reference was contained in a description by Dingler, appearing with Fraude's chemical publication. As I was in possession of material of undoubted genuineness, it appeared to be of sufficient interest to furnish an elaborate description of the bark, above all in a pharmacognostic sense, thus enabling us to identify it and render further substitutions impossible.

An examination of the wood was undertaken at the same time with that of the bark.

The work, which was begun in the interest of therapeutics, brought ample reward in the discovery of several anatomical peculiarities.

All the illustrations are drawn from nature; the accompanying number designates the microscopic enlargement.

ERLANGEN, May, 1880.

SOURCE OF THE BARK.

In the beginning of the year 1878, Herr F. Schickedanz sent a collection of vegetable drugs from the Argentine Republic to Erlangen for examination and valuation. Among these samples was a bark which has since then attracted considerable attention; a member of the Apocyneæ, Aspidosperma Quebracho, Schlechtendal.

Attention was attracted to this bark principally by the comments of Schickedanz; he wrote: "Aspidosperma Quebracho is a tree occurring quite commonly in the province of Santiago, and in the bosom of the valley in which the city of Catamarca is situated. I know of only one group of these trees, on this side of the Ambato, standing near the outlet of the Quebreda-del-Molle, about four leguas east of Pilciao, whence the bark is obtained. The tree belongs to the order Apocyneæ and was named by Schlechtendal Aspidosperma Quebracho; the bark has been in use for many years as a febrifuge, and, according to the views of the physicians of Tucuman, is equal to the cinchona barks in activity." The great importance of the cinchona barks and their alkaloids as curative agents made it a matter of the first importance to determine the correctness of the views which ascribed to Quebracho an equal rank and value.

During the period in which the chemical examination was progressing under the direction of G. Fraude * at the Munich laboratory, other experiments to determine its therapeutic action were instituted by Dr. F. Penzoldt. The former resulted in the discovery of an alkaloid which seems, at least theoretically, related to the cinchona alkaloids, while the latter researches brought about a knowledge of the wonderful efficacy of the remedy in dyspnœa, though the praise awarded to it for its antifebrile properties was not found justified.

This unexpected action of Quebracho bark at once elevated it to the rank of valuable remedies, though the suddenness of the discovery was attended by a dearth of further material, the original shipment containing only limited quantities. The natural consequence was an eager attempt to obtain parcels of the drug, which was difficult enough, inasmuch as jobbers and druggists possessed no acquaintance with the article sufficient for its identification, † and besides it must necessarily be obtained from a foreign source.

The limited knowledge available regarding its botanical source gave rise to much confusion and variation in the parcels brought into the market, which again threw doubts on the correctness of the pharmacological discovery. This state of uncertainty was greatly aided by the fact that in its native country, species of entirely different families received the popular designation of "Quebracho."

The word itself composed of "quebrar" and "hacha" signifies "breaking the axe," and trees with very hard wood commonly received this designation without regard to their application in a scientific way, a circumstance frequently occurring in our own country. It is, therefore, an imperative necessity to establish the identity of the sample obtained from the first sender, which will be greatly assisted by a study of the history of this plant, which possesses, in fact, an ample though somewhat scattered literature. Through the extended travels and thorough researches of Martius, ‡ in which he was aided by a complete equipment of apparatus and material, and which have, not unjustly, caused him to be named the second discoverer of Brazil, we have been placed in possession of an extended knowledge of the vegetation of that country. An imposing evidence of this fact is found in the "Flora Braziliensis" begun by Martius and numerous other botanists, and continued by Eichler. The great neighboring territory of the pampas has been as yet but slightly explored, botanically. By pampas we usually understand the treeless plains of South America, overgrown with giant grasses, such as stretch in unmeasured grandeur from the La Plata to the Rio Colorado. In a botanico-geographical sense, however, the term "pampas" includes the entire area of country between the southern boundary of Brazil to near the southern terminal point of South America; it embraces, therefore, the La Plata states and Patagonia.

Of late years the Argentine Republic has endeavored to aid in the development of this section by the appointment of German naturalists for the purpose of exploration, so that we may indulge the hope that this rich country may be opened up to the civilized world. An evidence of these labors is found in the publications of Burmeister and Grisebach. Several descriptions of the differ-

* G. Fraude, Berichte d. deutch. chem. Gesellsch, 1878, p. 2189, 1869 p. 1558 u. 1560.

† F. Penzoldt, Berl. klin. Wochenschr. 1879 N. 19.

‡ Martius and Spix. Journey to Brazil. Munich, 1824-31. Vol. 3.

ent plants indigenous to the Pampas can be found in a history by A. Jacques,* of a military expedition undertaken against the predatory bands of Indians who had ravaged the extreme southern settlements of the Argentine Republic. Among the plants mentioned, of which short characteristic descriptions are given, we find also the following:

"Quebracho, two varieties, the white and red, differing from each other not only in the color of their wood, but also in the structural peculiarities of the flower and fruit. The small, glistening, pointed, myrtle-like leaf is not deciduous in winter, the green color merely deepens, and new leaves of a more delicate shade sprout from the ends of the twigs; the intense solar heat, however, causes them to fall in summer. Its wood is of extraordinarily close texture and hardness, so that it may be used to replace the iron of wagon axles and the rollers used for crushing sugar-cane."

The extended travels of Burmeister† through the La Plata States were, then, the means of giving the first important information as to their botanical and general conditions. While on this journey, Burmeister met with Quebracho, and through him the first specimens of the fruit and twigs of this tree were sent to Europe. It will, perhaps, be of interest to quote from Burmeister's own words a description of the discovery of this tree, which I take from his report. At this time he was on the road between Cordova and Tucuman:

"July 19th. Our departure from Chañar took place at night. As the sun rises we are already at the first station beyond, Pozo-del-Tigre, a distance of four leguas. Our surroundings were low woods with groups of palms, as heretofore, without anything characteristic. Two leguas beyond Pozo the palms ended, and were replaced by low bushes of an unfamiliar species of Syngenesia, with fine reversed heart-shaped leaves, such as were found at Mendozo. In this manner we arrived at Porteznelo, five leguas from Pozo, lying between high, rounded, bare, granitic hills on the banks of a clear brook. The appearance of this spot made a most peculiar and horrible impression on me, so wild and weird was its character; we found, however, a friendly family who shared with us their breakfast, which was then waiting. At this point we had entered the Province of Santiago-del-Estero, reported to be 620 metres above the level of the sea; it is four leguas from here to Orquetas, the next station. The landscape still produces a very melancholy impression; it is covered with low shrubbery between the constantly occurring naked granite rocks. Farther on we met with a few large species of Cactus; Opuntias of giant form and tall trunks; still further on the landscape becomes more picturesque by the appearance of a tree characteristic of this region as far as Tucuman, viz.: Quebracho. This tree presents the appearance of an erect high trunk carrying a spreading crown whose drooping extremity bears finely pointed twigs. As I was unable to determine the plant botanically, at this time, I collected several of the rather numerous oval fruits, an examination of which has since resulted in the discovery that the specimens belong to the order Apocyneæ, genus, Aspidosperma, Mart., and is, without doubt, a still undescribed variety. This tree is of great commercial importance to the country on account of the value of its wood, which is used for building purposes, particularly the variety known as "Quebracho colorado," whose wood, of extreme hardness, is of a blood-red color, which in course of time becomes quite black, while the other variety known as "Quebracho blanco," remains white. The leaves of the former are small, fine, simple lanceolate, while those of the latter are broader and ovate-lanceolate. In this beautiful forest of Quebracho I was taken so sick that to my regret I was unable to pay further attention to my surroundings. I merely know that the region as far as the Rio Dulce was of the same character, on both sides of which a low meadowy vegetation extended, intermixed with Salicornias, the soil strongly impregnated with salt, and further on a repetition of the Quebracho forest, now interspersed with numerous individuals of a species of Cereus of high candelabra-like forms, which emerged from the bushy undergrowth and reached to the crowns of the Quebracho trees. Both were, however, distributed at intervals, and did not form an unbroken forest."

Thus far Burmeister's account of Quebracho. Being himself unable to determine the plant, he sent a number of twigs and fruits to Schlechtendal. The fruits bore an undoubted resemblance to those classified by Martius and Zuccarini as Aspidosperma. They were identical with the fruits illustrated as belonging to the genus Aspidosperma in Martius' Nov. gen. et spec., plate 1, 34, and 36, and in the Flora Braziliensis fascic. 26, plate 13 and 15, and show only a slight diversity of form and flexion. The fruit will also be found illustrated in the Botanische Zeit., 1861, plate 5. Although no sample of Quebracho colorado was obtained from Burmeister, nevertheless, Schlechtendal concluded that both plants must belong to the same species, having the same vulgar name, and consequently classified them as belonging to the genus Aspidosperma. He named the one Aspidosperma Quebracho blanco, and the other Aspidosperma Quebracho colorado. This error referred to by Grisebach,* gave rise to much confusion,

* Excursion au Rio-Salado et dans le Chaco, Confédération Argentine. Par Amédée Jacques (Extrait de la Révue de Paris du 1 et 15 Mars 1857) Paris 1857.

† H. Burmeister. Travels through several northern provinces of the La Plata States. Zeitschrift f. allgemeine Erdkunde N. F., 1860. Bd. IX.

* A. Grisebach Vegetation of the Earth. vol. 2, page 620. 1872. "We distinguish two varieties of Quebracho, blanco and colorado. Schechtendal examined the fruits of Quebracho blanco and referred them to the genus Aspidosperma of the tropical Apocyneæ. According to his illustration the fruits are identical; as the flower, however, is unknown and the leaves occur in whorls or are opposite in this specimen, and in the determined varieties are alternate, the classification still requires further substantiation. A decided error, however, was committed by him in classifying Quebracho colorado as belonging to this species, seemingly without being in possession of specimens and regardless of the fact that these have not the flat two lobed capsules of Aspidosperma according to the description of Tweedie, (Ann. Nat. Hist. 4, p. 101), but bore large clusters of red fruits similar to those of the sycamore, (Ficus). The fact that the designation, "quebracho," really "quebrar hacho" (breaking the axe) refers to the hardness of the wood and not to any special family of trees, seems to be confirmed by Orbigny's report on Corrientes, who includes therein also a species of Acacia."

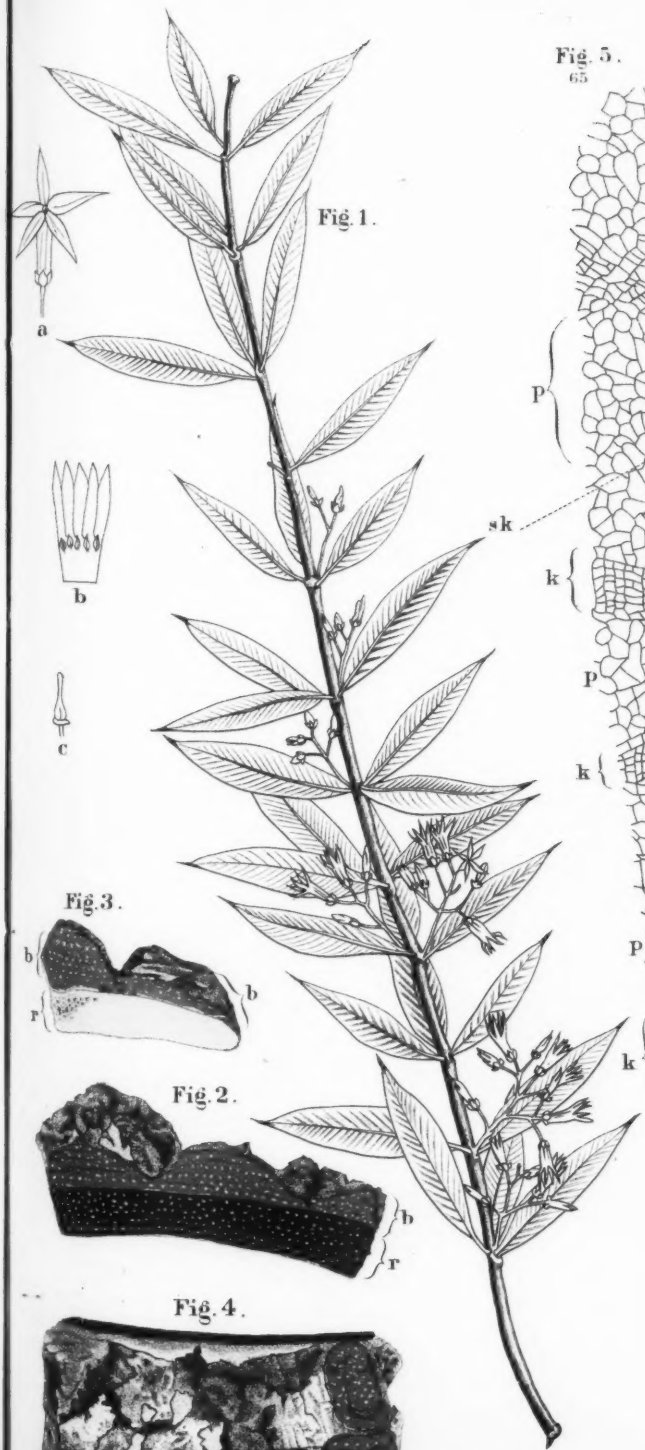

Fig. 3.

Fig. 2.

Fig. 4.

Fig. 5.
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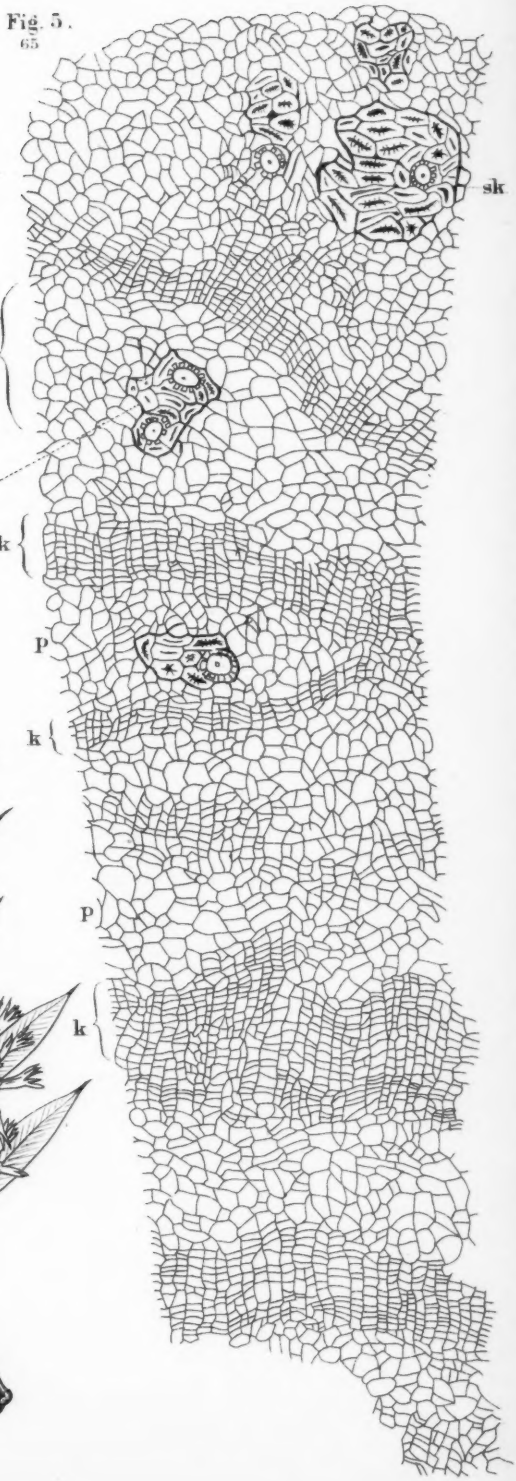

The Calvert Lith. Co. Detroit.

until removed by the receipt of further material for examination.

Succeeding Burmeister's researches was the important journey of Lorentz, in the northwestern part of the La Plata States, which had been the least explored. This journey, which was undertaken at the instance of the Argentine Republic, materially aided botanical science in that country; it occurred during the years 1871-72, and included the provinces of Cordoba, Santiago del Estero, Tucuman and Catamarca, lying between 26° and 31° south latitude. Inasmuch as Lorentz was not in possession of the necessary scientific appliances, he transmitted the material collected to Grisebach, and the latter published the results of his investigations in a large treatise entitled "Plantæ Lorentzianæ,"† Among this collection were a sufficient number of specimens for examination of both plants, Quebracho blanco and Quebracho colorado, so that it was possible for Grisebach to determine and correct the error previously made by Schlechtendal with reference to the latter species. It was discovered that the plant known in the Argentine Republic as Quebracho colorado belongs to quite a different family than Quebracho blanco. The first named tree does not belong to the genus Aspidosperma nor even to the Apocyneæ, but is a member of the Terebinthaceæ, and is to be classified under the genus Anacardium. Inasmuch as Schlechtendal's classification had thus been proven incorrect, it was named by Grisebach "Loxopterygium, Gr." It is described on page 115 of the "Plantæ Lorentzianæ"; Schlechtendal's classification of the Quebracho blanco was, however, found correct, and it therefore retained that name.

In a second treatise of Grisebach's,* on Argentinian plants, occurred other descriptive notices, which removed all possible sources of error. On page 224 it is stated, according to a communication of Hieronymus, that Aspidosperma Quebracho obtains in the entire country the title of "Quebracho blanco," and not "Quebracho colorado." Further, it is mentioned in the same treatise, p. 95, as an appendix to a repeated diagnosis of Loxopterygium, that also, in accordance with the statement of Hieronymus, the popular name of "Quebracho colorado," is used in both the provinces of Tucuman and Santiago del Estero to designate only Loxopterygium.

In entire accordance with the foregoing are the statments most recently made by Hieronymus in Cordoba, who is the best authority on this subject. These latter were communicated by Herr Primke in No. 9 of the Pharm. Zeit., 1880, which I quote verbatim:

"As Quebracho, are designated the following trees belong to different families of plants, and their parts which are of commercial value as raw material:

1. Aspidosperma Quebracho Schlechtendal, Apocyneæ, local name, Quebracho blanco. This tree grows in the Province of Catamarca, of the Argentine Republic; the bark is used by the natives as a remedy for malaria and asthma.
2. Loxopterygium, (Quebrachia) Lorentzii, Gr. Terebinthaceæ, local name, Quebracho colorado. The wood and bark are found in commerce, and valued as an excellent tanning material. This tree grows particularly in the Province of Corrientes.
3. Jodina rhombifolia, Hooker et Arnott, Ilicineæ, local name, Quebracho flojo. The wood and bark frequently occur in commerce, and are often mistaken for No. 2.
4. Machærium fertile, Gr. Leguminosæ Dalbergieæ, synonym, Tipuana speciosa, local name Tipa. This tree also furnishes wood and bark for tanning purposes, both of which, however, are of less value than No. 2.

It is of little importance to consider the possibility of the latter tree being mistaken for Quebracho, as Grisebach, who mentions it as Machaerium Tipa Benth., in his "Symbolæ," p. 109, has already remarked that Bentham had determined on the authority of Mantegazza, that the naming of this species "Quebracho colorado," was evidently an error, the name "Tipa," being preferred by the inhabitants of Tucuman for its greater fluency of pronunciation. There remains then no room for doubt that the species of plant to which Quebracho bark owes its origin is Aspidosperma Quebracho blanco, Schlechtendal, the latter being a positively determined species, and even in its native country is with difficulty confounded with others. The present state of confusion is therefore to be ascribed to the limited knowledge possessed of the new drug.

We will now turn to the consideration of a description of the plant itself. The genus Aspidosperma belongs to the Apocyneæ. The general peculiarities which distinguish the members of this family are astringent properties, aromatic resins and the property of furnishing a milky juice, at times innocuous, and at others again, very poisonous. The genus Aspidosperma was originated by Martius and Zuccarini. In the first volume of the Nov. gen., De Candolle, Prodromus VIII, p. 396, ff., there are two sections of these plants described, containing eighteen species. In the essay of Müller von Aargau on the Apocyneæ of the Flora Braziliensis, we already find described thirty-nine species, likewise divided into two sections. Three species mentioned by De Candolle occur beyond the northwestern limits of Brazil. Further, four extra-Brazilian species are described by Müller von Aargau in Vol. XXX, Linnæa, p. 397, as occurring in British Guiana, on the Orinoco, and the Island of Trinidad, and in the forests of Mexico, so that in all forty-six species are known. The species discovered by Burmeister, Schlechtendal was unable to identify with any of those already known, and consequently Aspidosperma Quebracho must be added to the above number as an Argentinian species.

Aspidosperma Quebracho is a tall tree with a perfectly straight trunk from two to three feet in thickness, with a moderately large oval crown and sparse foliage, the extreme twigs being very fine

†Plantæ Lorentzianæ. Description of the first and second collections of Prof. Lorentz at Cordoba. Publ. by the Imper. Society of Sciences at Göttingen. 1874. p. 49.

*Symbolæ ad Floram Argentiniam. Second descriptive treatise on Argentinian Plants. Publ. by the Imp. Society of Science at Göttingen. 1879. Vol. 24.

and pendent, as in the willow, (something like Salix Babylonica). I received from the Göttingen Herbarium specimens of Aspidosperma Quebracho, collected by Lorentz and Hieronymus; they consisted of blossoming twigs from plants of first year's growth and over, and also of the fruits. It seemed to me to be of interest to furnish an exact illustration of a flowering twig, inasmuch as Aspidosperma Quebracho has not yet been illustrated. (Plate 1, fig. 1). The leaves stand in triple whorls, they are leathery, lanceolate, entire, smooth, veins not prominent, the upper and lower sides both presenting the same appearance. The leaf ends in a sharp pointed thorn. The inflorescence is rather complicated, the flowers are in cymes which have the forms technically termed dichasia or pleiochasia, or sometimes the arrangement resembles the helicoid cyme. The calyx is pentasepalous, the corolla pentapetalous; the petals overlap each other at the base (fig. 1 b); five stamens are attached to the corolla; ovary superior, two celled, with numerous ovules, the pistil carrying a headed stigma, (fig. 1, a. b. c.) The fruit has been accurately described and figured by Schlechtendal, * to whose illustration I refer. It may be noted that its anatomical structure bears a remarkable similarity to that of the bark, inasmuch as the parenchyma of the former is also interspersed with sclerogenous cells.

Grisebach gives the following diagnosis of the species. (Plantæ Lorentz. p. 203.):

Aspidosperma Quebracho Schlecht. Simile A. parvifolio A. DC. sed foliis oppositis (ternatimque verticillatis) a charactere generico aberrans corollaque aliis speciebus accedens.

Arbor sempervirens, glabra, ligno duro, foliis rigidis glaucescentibus elliptico-lanceolatis subsessilibus v. in petiolum brevissimum attenuatis utrinque lævigatis subvenosis margine calloso flavente cinctis apice aristato-mucronatis (1″ longis 3—4‴ latis, cymæ axillares et terminales, trichotomæ, (1″ diam), pedicellis patentibus pedunculisque minutissime puberulis, 1—2‴ longis, calyx 5 partitus ½‴ longus, segmentis ovatis acutis, corolla lutea, ad medium 5 fida, tubo cylindrico 2‴ longo, lobis expansis oblongo-linearibus obtusis basi auriculata sinistrorum contortis; antheræ infra faucem sessilis, deltoideo-cuspidatæ; ovaria 2, stylo communi incluso superne clavato minutissime 2 cuspidato; capsula lignosa, margine convexa compressiuscula, ellipsoidea 2½″ longa, 1½″ lata, 10‴ crassa, valvis medo carinatis: semina cum ala lata 2″ longa, 1″ lata.—Cordoba, in campis pr. urbem, inde per provincias Santiago del Estero et Tucuman.

In comparison with the species mentioned and illustrated in the Flora Braziliensis (Vol. vi. Part I.) Aspidosperma Quebracho assimilates closely to several different varieties. In its inflorescence it approaches most nearly to Aspidosperma nobile, pyrifolium, subincanum and tomentosum. In its vernation it resembles Aspidosperma parvifolium, differing, however, by the verticillate arrangement and thorny point of the leaves.

EXAMINATION OF THE BARK OF QUEBRACHO.

1. Appearance of the bark when viewed through a lens:

The material which served for this examination was a portion of the first consignment received from Schickedanz. Through the courtesy of Dr. Dingler I was also placed in possession of material in his own hands, and still further a transverse section of the trunk with bark attached was kindly transmitted by Dr. Penzoldt, who had received it from Prof. Hieronymus in Cordoba. During the course of the examination I received still other samples for comparison from different sources.

The bark occurring in commerce is obtained from trees usually averaging from seventy to eighty years of age. The pieces have a thickness of 20–30 mm. Bark of younger trees, which are devoid of corky layer, is seldom found. Quebracho bark is distinguished by a peculiarly heavy development of the corky layer in proportion to the entire dimensions of the bark, possessing therein an important characteristic feature as compared with other barks. This corky layer makes such inroads into the tissue that in most cases half, and frequently more, of the entire substance of the bark consists of this layer. The external appearance of the corky layer differs from the unchanged tissue beneath it very markedly and distinctly.

A transverse section through an entire piece of bark, made so that a very smooth surface is obtained for examination, reveals the following appearances with or without the aid of a lens. (Plate 1, fig. 2.) Two layers differing remarkably in color and structure, separated from each other by sharply defined boundaries, and which are usually nearly equal in width. (Fig. 2, r. and b.)

The outer layer (b.) is deeply fissured, and rough, with numerous ridges, while the inner one (r.) presents to view a band of tolerably uniform width. The first glance shows that these layers are not of homogeneous composition, and a magnifying glass indicates prominent differences of structure. We will first consider the external or corky layer. The outer portion is of a dirty gray, covered here and there with remains of lichens; when the external grayish portion is removed by friction, it appears yellowish-red, (plate 1, figs. 2 and 4). The transverse section shows the cortical layer to be of an ochreous yellow color. Sinuous bands of tolerably uniform width traverse its tissue in lines of a nearly parallel direction. Between these dirty yellow lines we find numerous whitish points interspersed through the mass. (Plate 1, fig. 2). The inner section of the bark, which represents the fibrous layer, (r. fig. 2,) appears to be composed of only two ingredients, a clove-brown mass in which, as in the bark, there are numerous whitish grains. All these conditions can be more plainly observed on moistening the surface with water. While the corky layer obtained from different trunks presents a uniform appearance, the color of the inner layer may vary considerably. The brown color varies in shade from light to dark, frequently replaced even by light yellow, or yellowish-white. A piece of bark of this description is illustrated in fig. 3. The cause of the difference will appear from a microscopic examination. The inner bark crumbles easily when cut; the portion nearest to the trunk possesses a fibrous splintery texture.

The foregoing descriptions and a comparison of the illustrations will show that the identification of the bark is a comparatively easy matter, inasmuch as it bears no resemblance to other known

* Bot. Zeit., 1861., p. 138. Plate V. B.

barks. Of special importance for this identification is the outer corky layer, on account of the constancy of its color and structure.

2. Microscopical examination:

A separate examination of the corky layer and inner bark will also be found most serviceable here. As is well known by the term "corky layer," we understand the structure, which, in consequence of the dying-off and drying-out of successive layers, is separated from the inner bark or cellular layer. When this dead cellular growth remains adhering to the trunk it is finally rent asunder by expansion of the latter, and thus gives to an aged one a rough and fissured appearance. Such layers may be formed successively, and thus increase the depth of the corky portion; in Quebracho this tendency is displayed to a marked extent. A microscopical examination of a thin section of the corky layer shows these relations, (Plate 1. fig. 5): p. is the original cellular tissue composed of parenchymatous elements; it is traversed at varying distances by bands of different width (k.); the cells of these intersecting bands differ remarkably from the original parenchyma of the bark. Owing to their smaller dimensions and their regular order they are characterized as "cork cells;" these cork layers may often be detected with a lens, on a section of the bark, forming the above mentioned parallel lines which intersect the red corky layer. That portion of the bark-parenchyma, lying between these cork bands (p. fig. 5) is that which presents itself to the naked eye as a reddish-yellow ground-work of the structure. This reddish-yellow shade is caused by the coloration of the cellular membrane which contains a coloring matter varying between reddish-brown and carmine-red. It will be noticed at the same time that the membrane of the cork cells is uncolored and, therefore, exhibits a decided difference when examined with a lens. Inasmuch as the cells of the original bark-parenchyma, existing in the corky layer have died, they contain nothing except remnants of former components. It now remains for us to determine the structure of the whitish points observed in the corky layer when viewed microscopically; as they always lie between the cork bands, we should be able to discover them in fig. 5, plate 1. A glance at this enlargement will show cell groups of peculiar structure existing in the parenchyma enclosed between these bands, resembling islands lying in the web itself, (fig. 5, sk.); these grains are nothing else than groups of cells whose membrane has thickened to such an extent from secondary deposits that the cavity has become nearly filled. Owing to the difference in their refracting power with regard to light, these groups of sclerenchymatous cells appear quite prominently and distinctly against the ground work. In the inner bark we also meet with these cells, and under that head they will be considered at greater length. The microscopical inspection of the corky layer presents a very characteristic view; the repeated cork bands and groups of sclerenchyma render the identification of the bark an easy matter. When we examine the inner layer (r., fig. 2) we should be able to discover the same elements which are transformed by secondary processes into the corky layer, with the exception of the cork bands.

EXPLANATION OF PLATE 1.

Fig. 1. Flowering twig of Aspidosperma Quebracho, Schlechtendal.
Fig. 1 a. Single flower.
Fig. 1 b. Corolla, opened and spread out.
Fig. 1. c. Ovary.
Fig. 2. Quebracho bark, b. cortical layer, r. inner bark.
Fig. 3. Specimen showing inner bark light colored.
Fig. 4. Upper or external part of the bark.
Fig. 5. Transverse section of the cortical layer.
p. parenchyma, k. cork bands, sk. sclerenchymatous cells.

[To be continued.]

[Translated from the Homöopathische Rundschau, June 1, 1880.]

The Use of Thymol in Burns and Wounds, by Dr. Fueller, of Neukirchof.

A further very satisfactory application for thymol has been found in the treatment of extreme burns. As is well-known there have been numerous efforts made to apply the antiseptic method of treatment to burns, for the purpose of preventing the over-production of pus, and by this means to prevent undue cicatrization. As far as I am acquainted with the literature on the subject, Prof. Busch, of Berlin, in an article on the application of Lister's treatment to burns (Vol. 22, Arch. Clin. Surg.) There is also an instance mentioned by Prof. Von Nussbaum, in his brochure of instructions on the antiseptic treatment, and both of these gentlemen declare themselves well pleased with the results, obtained, especially in the smoothness of the scars.

The cases of burns occurring in this district, are most frequently caused by explosions of fire-damp or powder. The burns from fire-damp are frequently very extensive, as the explosion of the gases takes place even in the space between the skin and the clothing. In burns from powder explosions we find the surface frequently filled with particles of powder and coal, which occasion inflammation and purulent discharge, most usually on the surface of the face and hands. It is not possible, in such cases, to cover the face with an occlusive bandage, and in the case of burns which cover a large part of the back or chest besides the face and extremities, it is not advisable to cover so large a surface with carbolized gauze, the poisonous properties of carbolic acid in themselves forbidding such a proceeding. I have, therefore, adopted the following process for the treatment of burns, and have used it already in fifty cases, which number were healed usually in three, and not later than four weeks, without any scarring, at least with smooth and tender, though somewhat reddish skin. There were two exceptions in which death resulted from complications. Each patient, as soon as admitted to the hospital, receives a warm bath. The burnt surface and its surroundings are then washed with an aqueous thymol solution, of one to 1000, followed by the application of thymol spray for several minutes. The blisters are not disturbed, but are handled with extreme care. The raw surface is then painted with a one per cent. thymolized linseed oil. The patient is then laid on a wateproof mattress, the temperature of the room being kept comfortably warm. Particles of coal or other foreign matter, if not too minute, are, as a matter of course, at once removed. It is often very difficult to so lay the patient that the burned places are relieved of pressure, and it

is frequently necessary to allow him to remain in a sitting posture, sometimes for several days, with support for the chin, or even *a la vache*, by suspending him by means of wide strips of muslin, passing under the chest or abdomen; the strips being fastened above. The application of thymol should at first be repeated every ten minutes, and as it relieves pain very remarkably, the patients themselves call for it. For this purpose we use large, soft-haired paint-brushes. At first the oil is absorbed somewhat rapidly, and as soon as this has occurred a sensation of intense burning follows. The applications are gradually made less frequently; as an indication of their necessity, the appearance of the skin is sufficient. As soon as the oil is entirely absorbed, it should be replaced by a fresh portion as it is important to prevent contact with the air. During the first few days the thymol spray is also applied as often as possible, which does much toward alleviating the pain. As before mentioned, the blisters are allowed to remain undisturbed so that the cutis may be protected from the influences of the air, or rather from septic matter contained therein; the liquid which they contain is usually absorbed, the blister contracts, dries and falls off, while a new epidermis is formed. Only in case of the serum becoming turbid, is it removed by opening with the scissors; this, however, is rarely necessary until about ten days after the accident. The scissors used are, of course, previously disinfected, the incision also being made under the spray, and is at once followed by an application of the thymolized oil, before described. The secretions, with remains of the epidermis and the oil itself, which is disposed to dry out, form a moist crust which is very effective in preventing the entrance of bacteria, or irritating septic matter. When the applications are decreased in frequency, the crust becomes drier, and finally after separation, we find a tender, reddish skin, which cannot be called a scar, as it possesses no unevenness of surface and is perfectly elastic.

The practical experience with this method has been attended with such favorable results that I communicate it in the hope that others may continue it, and especially in mining districts. During the first weeks we frequently observe an elevation of temperature, at times to over, 39° C.; the patient, however, does not find the fever oppressive, nor is there much thirst, the tongue remaining moist and the appetite good. Delirium has not been observed in any case. The patient escapes septic fever, the tissue which has been destroyed, often considerable in amount, being completely disinfected before being liable to absorption. The patient is free from pain, and the principal complaint, quite universal, is the one occurring in all cases of serious burns, the chilly sensations.

[Translated from the Pharmaceutische Zeitung, of Berlin, June 2, 1880.]

Terebinthina Chiensis.

In the Pharmaceutical Journal, Parker communicates the following means for the identification of the genuine drug and its distinction from false varieties. The taste is mild, somewhat aromatic, reminding one slightly of turpentine, entirely free from bitterness and acridity, while all imitations and adulterated articles are acrid and bitter. The odor of the pure drug is very characteristic, and has been compared to that of fennel, being pleasantly aromatic, and very faintly terebinthinate. This odor can be best observed by triturating the turpentine in a warm mortar. The consistence of the genuine drug is not always uniform, as samples are found both of syrupy consistence and again sufficiently hard to crumble. Genuine turpentine of this variety is seldom free from a quantity of impurities, as owing to its limited production it is very carfully scraped together. A property which should be particularly observed, is the solubility of the article in alcohol. It dissolves in an equal volume of warm rectified spirits, leaving behind only earthy impurities; the solution is not entirely transparent, and deposits only a minute sediment on standing. Many of the resins derived from the coniferæ can be detected by this method.

Formula for the administration of Chian turpentine are also communicated:

℞ Solut. terebinth. Chiens., ʒss.
Mucilag. tragacanth., ʒjv.
Syrupi, ʒj.
Sulph. sublim., grs. xl.
Aquæ q. s. ad., ʒxvj.

Dose, one ounce three times a day.

℞ Pulv. amygdalæ comp.
Solut. tereb. Chiens. ȧȧ ʒss.
Sp. chloroformi, ʒjv.
Sulph. sublim., grs. xl.
Aquæ q. s. ad. ʒxvj.

Dose, one ounce three times a day.

℞ Terebinth Chiens. ʒj.
Sp. rectif., ʒij.
Pulv. gum arab., ʒij.
Pulv. liquiritiæ.
Confect. rosæ can. ȧȧ ʒj.

Dose, one-half to one teaspoonful.

The emulsion and the electuary are said to be the best formulæ for administration, as the turpentine would scarcely be soluble when given in the form of pills.

[Translated from the Prager Medicinische Wochenschrift, June 2, 1880.]

Tonga in Neuralgia.

On the authority of Ringer and Murrell, in the Lancet, 1880, this remedy has been popularly used by the Fiji Islanders, and is derived from plants of unknown botanic origin. The mode of application is as follows: The coarsely powdered plant is wrapped in cocoa bast, dipped in cold water for twenty minutes, and the fluid pressed out, of which the dose is a wineglass full three times a day, half an hour before meals. The bundle is usually dried and preserved for renewed use, and is said to retain its strength for a year. The authors experimented with this substance and succeeded in six cases out of eight. In one of the two failures there was an improvement of the symptoms, and in the other the administration was without results. No toxic effects were observed from even large doses of the extract prepared from the plant. The usual quantity administered was from one-half to one drachm three times a day, which doses were usually attended with a disposition to sleep.

[Translated from the Prager Medicinische Wochenschrift, May 2, 1880.]

Subcutaneous Injections of Sclerotic Acid.

N. Sotchava (Wien. Med. Blatt. 17) reports having met with very good success in the use of subcutaneous injection of sclerotic acid in cases of uterine hæmorrhage, caused by interstitial fibrous myoma. The dose was 0.1 (gr. jss) to 0.3 (grs. v) every second day, the point of application being on each side of the umbilicus. A freshly prepared solution of the acid should be used.

He arrives at the following conclusions:

1. That subcutaneous injections are undoubtedly a valuable addition to the therapeutics of gynæcology.

2. They control uterine hæmorrhage with great certainty, although somewhat slowly.

3. They not only prevent the growth of the myoma when used for a lengthened period (a year or longer), but even reduce their size.

[Translated from the Prager Medicinische Wochenschrift June 23, 1880.]

A New Remedy for Carcinoma.

We lay before our readers the formula of a remedy lately introduced by Prof. John Cary, of Birmingham, England, in whose hands it has been very successful, especially in carcinoma of the uterus. The remedy is used internally and consists of Chian Turpentine:

℞ Chian turpentine, 8.0, (℥ ij.)
Æth. sulph., 30.0, (℥ j.)
Mucil. gum. arab. 120.0 (℥ jv.)
Syrup. simp., 30.0, (℥ j.)
Sublim. sulph., 2.5, (℈ ij.)
Aq. dest., 500.0, (Oj.)

Dose, one fluid ounce three times a day.

Correspondence.

Replies.

Cuscuta Gronovii, Willd.

J. W. PRICE, Wackett City, Ark.—Stems and flower clusters of cuscuta gronovii, Willd, or dodder, a very interesting parasitic plant, growing upon various herbs and weeds and drawing its nutriment from them by means of haustoria or suckers, which penetrate the tissue of the host and rob it of its juices. The parasite grows from the seed early in summer but soon fastens itself upon some herbaceous plant, and then losing all connection with the ground twines around the foster plant, forming a matted, luxuriant growth of thread like stems, destitute of leaves. With no chlorophyll to elaborate nutriment for itself, it is wholly dependent upon its host and upon the atmosphere for its food. Late in summer or in autumn it produces clusters of small whitish flowers and finally matures a small rounded pod containing usually four seeds. These are particularly distinguished by their thread-like, spiral embryo which is destitute of cotyledons, thus presenting quite an anomalous case among flowering plants. From them springs the next year's plant, which in its turn repeats the curious parasitism which has been described. The species in question is quite variable in the form of its flower clusters, and the flowers themselves occasionally vary from the typical plan of five to the plan of flour.

Several others species of dodder occur in various parts of the United States, among them the notorious cuscuta epilinum, weihe or flax dodder which has proven so destructive to the flax crops of Europe, and which has been introduced into the Northern States with imported flax-seed.

There is no evidence that the common dodder possesses any medicinal virtues, though it belongs to a family that has furnished some famous drugs, prominent among which are jalap, derived from the exogonium purga, a twining plant of Mexico, and scammony, obtained from the convolvulus scammonia of Western Asia. To the same order belong the cultivated morning glory, the sweet potato and other twining or trailing plants, interesting in their habits of growth and often cultivated for ornamental purposes.

Malva triangulata.

J. W. ECKLES, Fulton, Iowa.—The plant enclosed is a specimen of malva triangulata, Leavenworth, (malva Houghtonii, Torr. and Gray, callirrhœ triangulata, Gray,) properly a species of mallows, but placed by Dr. Gray under the genus callirrhœ, upon what seem to us hardly sufficient grounds. It is a rather showy plant occurring on prairies and bottom lands from Wisconsin and Iowa, southward into Arkansas. Belonging to the natural order malvaceæ it possesses the mucilaginous nature, and doubtless the demulcent properties, which characterize most of the plants of this family and which are so prominently developed in the well known althæa, or marshmallow root, of commerce. While, however, these properties are manifested by nearly all plants of the mallows family, some of them are characterized by widely different properties and therapeutic action and of these the cotton plant, the action of whose root strongly resembles that of ergot, is a notable example. Hence, caution should be observed in employing remedies derived from even such an innocent family of plants as the one before us.

Lepachys Pinnata.

E. M. KEYS, Walker, Ia.,—Weeds, with leaves, and portion of stem of lepachys pinnata, Torr. and Gray, a perennial herb, often three or four feet in height, occurring in Canada, Michigan and Wisconsin, also farther westward and southward. It belongs to the natural order compositæ and is noticeable for its slender form and erect habit, pinnate leaves, and showy heads, with long, light-yellow sterile ray-flowers. The heads emit when crushed, a peculiar and rather pleasant odor. We have no definite accounts of its properties. They do not appear to have been investigated.

Lespedeza Capitata, Michx.

G. N. BENNETT, Pierce City, Mo.—Specimen of Lespedeza Capitala., Michx, or bush clover, a rather common plant and widely distributed through Canada and the United States. It is not known to have any medicinal value. A plant of the same genus, lespedeza striata, or Japan clover, has re-

cently been introduced into this country and is attracting considerable attention as a forage plant. It is especially adapted to the Southern States, where it grows luxuriantly, and affords a fodder that is eagerly sought after by sheep and cattle. The species sent by our correspondent, L. violacea, appears to have little if any value even as a forage plant.

A Chloral Inebriate.

My attention has been called to a note in a recent number of the GAZETTE in which the publisher, to all intents and purposes, denounces as a fraud an agent claiming to represent the journal in this state. Being familiar with certain facts bearing on the case your readers may feel interested in a narration of them. The young man referred to is entirely irresponsible for his acts, and his agency for the GAZETTE is one of his many whims. He has in no instance collected a dollar and has to my knowledge not endeavored to do so but has undertaken to send complimentary copies to a number of our physicians.

In 1878, during the prevalence of yellow fever in Memphis, this young man, then in good bodily and mental health, went as a volunteer physician to the doomed city. Under the trying circumstances of those dark days he resorted to opium as a stimulant, and to secure to him the proper amount of sleep. As is too often the case, his doing so resulted in the formation of the opium habit. None realized more keenly than he the dangerous nature of the appetite, and he set about breaking himself of it. He wrote a number of prominent physicians on the subject, among whom was a leading New York professor and author, who recommended the use of chloral as a substitute. He promptly discontinued the opium and for a time found in chloral a satisfaction for his craving appetite. Soon, however, he himself found that his old appetite was supplanted by a new, which was more imperious than the other, and his friends noticed unmistakable symptoms of mental weakening. He has been under my care for some weeks and on one occassion when not properly watched, he took, in divided doses, 400 grains of chloral hydrate within 24 hours. I have had him on bromide of potassium and nux vomica but as yet the desire for chloral does not seem to have in the least abated, or his mental condition to have improved. The prognosis is extremely unfavorable, and the patient will doubtless be required to be removed to a lunatic asylum.

I report the above as another warning to practitioners to be very circumspect in their recommendation of chloral. It is a remedy of great power and liable to great abuse. Its indiscriminate prescription has without doubt led to much harm, and in the case here reported it is chargeable with the ruin of a promising intellect and the frustration of brilliant prospects.

A. G. W. THOMAS, M. D.

BIG NORTH FORK, Arkansas.

Rhamnus Purshiana—Berberis Aquifolium—Grindelia Robusta.

In February of this year I received a small sample of fluid extracts of several new remedies.

I am not a physician, and consequently cannot be expected to describe symptoms as he would, but in this country the public frequently consult their chemist and describe to him their symptoms, and there is no getting out of treating them, and it is simply as a chemist that I have observed the effects of the articles administered. Cascara sagrada overcame one case of constipation in a female, and it may be stated as a thorough test of the value of the remedy, that for four years her condition had been becoming more and more aggravated, notwithstanding that she was always taking pills. When I commenced the administration of the cascara she had had no evacuation of the bowels for six days, and had a severe headache. I gave her a mixture of:

℞ Ext. rhamni purshianæ fluidi, ʒ j.
Syrup aurantii corticis,
Aquæ, ăă q. s. ad. ʒ iv.

Sig. Two teaspoonfuls for the first dose, then one teaspoonful four times a day. In a week she returned and reported that she felt ever so much better, bowels acting once a day and asked should she continue medicine. I ordered her to take a teaspoonful at bedtime only and this she did for another three weeks, and now reports herself as being quite a new woman and has had no return of her old trouble, although three months have passed since last dose of medicine. I do not attempt to explain how the medicine achieves its effect ; it does it, and that is sufficient for me.

I have tried, also, berberis aquifolium, and found good effects on a man suffering from an eruption extending all over the face and body. He took it in 15 drop doses four times a day and after three weeks appeared quite free. In another case, however, somewhat similar in appearance it had no effect, so I advised proper medical advice.

It is with the grindelia robusta I am most pleased, as I have not yet seen it given in a case of chronic asthma in which relief did not speedily follow. There are many afflicted with this affection in our district and the field for grindelia robusta here is large.

I may add, that all the above medicines were unknown even by name in this country, until my introduction of them last February, but there is great promise of their popularity now.

A. E. REMINGTON.

BULLS, RANGITIKEI, New Zealand.

Liquor Ergotæ Purificatus.

I have found liquor ergotæ purificatus more reliable than any other preparation of secale that I have ever used, both in point of promptness of action and thoroughness of effect. Since commencing its use have abandoned all others.

Mrs. S. A. S., multipara, sent for me in haste. Pregnant at about the third month; had been flooding considerably for some hours with but little pain. Gave liquor ergotæ purificatus, ʒ j, ordered perfect rest in the recumbent position, and the dose to be repeated in an hour. Before that time had arrived pains were regular, flooding had nearly ceased, and in two hours she was delivered of fœtus and secundines, with but slight amount of hemorrhage. Gave second dose immediately after the delivery. Uterus contracted well and patient recovered rapidly, without an untoward symptom,

Mrs. E. P., multipara; pregnant at full term; was taken suddenly and without warning with puerperal convulsions. These continued until she had several, but were finally checked by chloral hydrate, given by enema. At this time there were no signs of labor. Patient continued quiet for about 48 hours when just as suddenly labor commenced and in a very short time she was delivered of twins. I was at her side in a short time; found the womb lax and considerable hemorrhage. Gave ʒ j liquor ergotæ purificatus and in a very short time had the satisfaction of finding the organ contracting. The hemorrhage ceased and it was not necessary to repeat the dose.

It is my firm belief that if my brother practitioners will give the liquor ergotæ purificatus a fair trial they will be well satisfied that it is far superior to the fluid extract no matter who the manufacturer may be. For my part as long as it gives me the same results as formerly, I have no notion of using any other preparation.

A. G. WARD, M. D.

LIBERTYVILLE, Iowa.

Sanguis Bovinus Exsiccatus.

Perhaps a short history of the case in which I used it will not be uninteresting. My patient, a little boy of 2 years, suffered on the 30th day of May last, from an attack of diphtheria of the most virulent type. After a fearful struggle against a disease from which a brother and sister had died, this little fellow seemed to rally, after about ten days and we thought the great danger was passed. But then began a series of sequelæ, such as paralysis of pharynx, which caused almost complete inability to swallow even the smallest amount of food and he was in great danger of death from starvation. For over two weeks we kept him alive by means of beef tea, milk, brandy, etc. Then even this failed us, and we pronounced his case hopeless and every thing seemed to show that a few hours only was left to him, when I bethought myself of the sample of bullock's blood left me by an agent. I prepared it as directed, and used it as rapidly as possible and before even that small amount was gone, he seemed very much improved, and from that time has been recovering. We now think him past danger from this disease.

I used this same remedy in a case of cholera infantum which had withstood all ordinary remedies for ten days, with almost equally flattering results.

F. W. BROWN, M. D.

ATHENS, Pa.

Jamaica Dogwood.

The following case illustrating the anodyne and narcotic power of Jamaica dogwood may be of interest to your readers: A short time since my daughter æt. 11 years, was attacked with severe toothache arising from a decayed tooth; the pain was very intense and affected the entire lower jaw. Having no medicines at hand except a sample of fluid extract of Jamaica dogwood which I had given me at Leavenworth during the State Medical convention last May, I concluded to try it, and, I am pleased to state, with the happiest results. The tooth was first plugged with a piece of cotton saturated with the fluid extract and then a dose of seven drops in water was administered. This caused a complete cessation of pain inside of five minutes and refreshing sleep, which lasted an hour, when a return of the pain caused my little patient to awake. I repeated the dose which once more relieved the pain and induced sleep which lasted until the morning.

There were no unpleasant symptoms following the use of this remedy, as occurs after the use of opium and other narcotics, nor has there been any return of the pain since. I believe the fluid extract Jamaica dogwood is destined at no distant day to rank among the first agents for relieving pain and procuring sleep.

W. H. SEIP, M. D.

ATCHISON, Kas.

Jamaica Dogwood.

I can heartily endorse all that has been said of the therapeutic value of Jamaica dogwood, extravagant though some of the assertions regarding the drug may appear. It is a truly wonderful remedy in the many particulars, and I have at times been sorely puzzled in trying to explain to myself its *modus operandi*.

I have found, in administering the remedy, that it not infrequently causes nausea, and in experimenting with it on myself this has invariably happened, except when taken on a full stomach. The disturbance of the stomach would seem to be due to the local action of the drug.

I have found this gastric uneasiness to be obviated by the following combination:

℞ Fl. Ext. Jamaica dogwood, ʒij.
Camphor water,
Glycerine, āā ʒi.
Essence of wintergreen, gtts. x.

M. Sig. One or two teaspoonfuls every hour, with syrup.

As a local application in the case of a decayed tooth Jamaica dogwood is as nearly a specific as need be.

I have added it with benefit to vaginal injections in cases of pain from uterine congestion.

F. L. PUTT, M. D.

MIDDLEBURY, Ind.

Yerba Santa.

Having noticed some time ago, a statement to the effect that "yerba santa" is a coined word, and that in its native habitat it is known as "tar weed," it is but an act of justice to state that in 1877, while travelling in California, I gathered the yerba santa while growing in its native soil, fifty miles east of Mercer City, and that the herb was known as "Yerba Santa" by the natives, who had familiarly known it by that name for generations. I have used the article for some time and consider it a valuable remedy in subacute and chronic catarrhal inflammation of throat, bronchi, kidneys and bladder. The only construction I can give to the statement referred to, is that the parties circulating it are either unfamiliar with the plant, and consequently unable to properly select their material, or intend wilfully to mislead the profession and bring into disrepute the introducers of this valuable therapeutic agent.

D. B. HAND, M. D.

SCRANTON, Pa.

The Therapeutic Gazette

WM. BRODIE, M. D.
CARL JUNGK, Ph. D. } Editors.

DETROIT, MICH., SEPT. 15, 1880.

GEO. S. DAVIS, Medical Publisher, Box 641.

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(Vol. II, No. 1, is now out of print.)

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An Enlarged Edition.

A LARGE number of the present issue of THE THERAPEUTIC GAZETTE will be distributed as specimen copies, with a view to still further increasing our list of subscribers.

To those who may receive one of these, and who may not be familiar with the object of this publication, we would say, that it is a journal devoted exclusively to that division of medicine known as therapeutics, and that in its devotion to this division it gives especial attention to the consideration of the newer additions to the list of therapeutic agents. The necessity of a journal in this field is attested by the unparalleled success of THE THERAPEUTIC GAZETTE, the practical, every-day physicians of the country,—those whose business it is to treat disease as it really occurs, rather than to theorize on its methods and speculate on its mysteries—receiving it as a publication which is a practical aid. It is the only journal in America which, leaving theory and speculation to others, devotes itself exclusively to therapeutics. While doing this it by no means favors empiricism in the treatment of diseases, but assumes that its readers have previously laid the necessary foundation for scientific practice in the theoretical and non-practical divisions of medicine. It asks the coöperation of the profession of this country in the furtherance of its object, believing that therapeutics are most effectually advanced through the deductions drawn from the accumulated experience of competent observers—a rational empiricism. It flatters itself that it has succeeded to a greater degree than any other American journal in securing from practitioners the facts which they have noted in their practice, and that it has, therefore, been of corresponding service to the cause of practical medicine.

THE THERAPEUTIC GAZETTE, furthermore, offers unusual advantages in the matter of subscription price. It promises regularly each month thirty-two large octavo pages of double-column reading matter, or a volume of 384 pages, for the almost nominal sum of $1.00. Its large subscription list alone makes it possible for it to make such a liberal offer—furnishing, by actual measurement, as much matter as the majority of $3.00 journals of this country.

As a special inducement to new subscribers it now offers to send the remaining numbers of the present year gratis, to those who will remit $1.00 for the coming year, 1881,—thus giving, with the present number included, sixteen numbers, or 512 pages, for $1.00.

Enclosed in the present number will be found subscription blanks which we will thank those subscribing to make use of. On the same sheet will be found blanks for the Michigan Medical News and the Detroit Lancet, these first-class journals, devoted to general medicine, being supplied at reduced rates to subscribers to the GAZETTE.

Bromide of Ethyl and Anæsthesia.

THE furore excited by the extraordinary claims made for the bromide of ethyl, on the introduction of this new anæsthetic, has subsided, and the agent has well nigh found its proper place in the materia medica, although it has probably not yet quite settled into its proper status as regards position which it should occupy in the esteem of the profession. It was suddenly dethroned from the very exalted position in which Drs. Levis and Turnbull had sought to fix it, by the unfavorable experience of Dr. J. Marion Sims, and for a time none but the more bold would accord it a trial. Following Dr. Sims' case were a number of others attended by fatal result or very alarming symptoms, and as they occurred in such rapid succession the effect on the professional mind was two-fold. Many were inclined to believe that Drs. Levis and Turnbull had allowed their zeal to bias their judgment, and that through an infirmity of mind to which humanity is but too liable, their prepossession blinded them to the inherent defects of the drug. Others knew that such suspicions were unjust, and attributed the train of disastrous results to impurities in the preparations employed. The gentlemen who have founded their unequivocal endorsement of the superiority of bromide of ethyl on experience in its use in over 200 cases were doubtless very much surprised at the results of its use in other hands, and it was very natural for them, and those who had confidence in their integrity, to attribute the unfavorable experience rather to impurities in the samples employed than to any inherently deleterious properties in the drug itself. The analysis given by us, in our June number, of nine samples selected from the products of the different manufacturers, certainly goes very strongly to support this view.

In the light of the experience thus far had with bromide of ethyl the following conclusions seem clearly deducible:

It is an anæsthetic of pronounced strength, pleasant of administration, speedy in its action, and very speedily eliminated, the patient recovering from its effects very readily. As regards its safety, the use of the pure drug is not more apt to be followed by fatal results than is that of the other anæsthetics usually employed. It is

not safer, but is more pleasant, than sulphuric ether; it is not more pleasant, but is safer than chloroform.

Any agent capable of producing anæsthesia cannot be too carefully administered, and probably the careless and lavish manner in which it is usual to administer ether led to the same abuse of bromide of ethyl; possibly the unfavorable effects of the later anæsthetic are traceable to this cause, its pleasant odor tempting to this abuse. The method of administration recommended by Dr. Levis is to take a folded napkin large enough to cover the entire face, in the centre of which are to be pinned several folds of soft linen, about four inches square. The anæsthetic is to be poured on this linen. The patient being upon his back is instructed to breathe quietly and without effort, and when he has been tranquilized, the bromide of ethyl is applied promptly and at such intervals and in such quantities as will ensure a constant supply of the vapor, the object being to bring him as speedily as possible under its influence. The latter point seems important, in this respect bromide of ethyl being similar to sulphuric ether, and differing from chloroform in the administration of which a free admixture of atmospheric air is generally considered essential to safety.

Notwithstanding the reported cases of excessive vomiting from the use of bromide of ethyl, the most reliable evidence goes to show that with the pure drug properly administered vomiting rarely, if ever, occurs. As a precaution, however, an empty condition of the stomach should be insisted on, and no food of a solid nature should be partaken of for at least four hours before the giving of the anæsthetic.

The same care should be exercised in selecting the subject for anæsthesia by bromide of ethyl as is, or should be, taken in the case of chloroform. It is positively known that in two of the fatal cases from its use, which are reported, there existed defects in vital organs, which were very important factors in the fatal result.

The conclusion from its history is that bromide of ethyl, although not justifiying the hope as first entertained of it, that it would combine agreeableness of administration with absolute safety, is nevertheless a valuable addition to its class of remedies. It seems, however, to be more liable to contain deleterious ingredients, the result of changes taking place in the process of its manufacture, than are other anæsthetics, and the necessity that the sample employed shall be chemically pure, is imperative.

A Lesson on Curare and other Poisons.

A recent number of Le Practicien contains a pleasantly written, and withal instructive, dialogue between a physician and a despondent patient on the subject of suicide. The young man has made up his mind to shuffle off his mortal coil, and resorts to his medical adviser to ascertain the least disagreeable and most prompt method of making his quietus. "To be or not to be," is no longer a question with him and he only desires the most agreeable and speedy passage across the bourne. The doctor first suggests a leap from the tower of Notre Dame or from the Bastille column, as a pretty certain means, and the suffering following which could not last long. The applicant, however, declares that he would rather live 100 years than make such a display; he has too much selfrespect to make a mash of himself, and besides he has heard of persous attempting suicide in this manner being caught in the masonry, and who during their suspension have been led to change their minds.

Drowning is suggested, but his discolored and puffed-out corpse spread out on the flags of the morgue at once disposes of that idea.

Various other methods, including the rope and the revolver, are mentioned only to be rejected because of their vulgar and disgusting concomitants, and the question of poisons is considered. The doctor takes the would-be suicide to his laboratory where the effects of various poisons are witnessed on animals. Fifty centigrammes (8 grains) of strychnia mixed with lard are given to a dog. The amount is ten times as much as is necessary to kill the animal, but being mixed with fat its absorption is delayed and they wait for over an hour, when, see! the poor beast locks its jaws, convulsive shudders seize his limbs when any one approaches him, and his muscles become as iron rods. His face betrays his suffering, for intelligence is sharpened with the pain; he longs to cry but the rigidity of his larynx makes him voiceless, and death supervenes from suffocation when the respiratory muscles can act no longer. The exhibition puts strychnia out of the question.

Arsenic and phosphorus are spoken of, but the possibility of suffering whole days of martyrdom from colic from the former, and the fearful epigastric and abdominal pains of the latter, with the bare chance of recovery only to suffer through life with icterus and albuminuria, dispose of these drugs.

"But see, doctor, what has that great setter dog taken? He is but lightly fastened to his plank, and that calm-looking gentleman beats him heavy blows on the most tender parts, and yet he neither moves nor barks nor shows the slightest indications of suffering." Do not trust appearances. That dog is curarized, and is being kept alive by artificial respiration. Now they are about to experiment on a squirrel. A few drops of a thick solution of curare are injected beneath his skin, and he is let loose in his cage. For three or four minutes he seems to feel nothing; then irritated with a slight pain, he appeals to his masters from his highest bar. Soon fatigue over takes him and he drops to the floor. He turns his head and takes the nut offered him, but soon puts aside his favorite food; his eyes close, and respiration ceases although the heart still beats.

Surely curare must be good thing to suicide with, for here is death without spasm or convulsion or other evidence of suffering. Wrong; a more frightful death can scarcely be imagined. Curare acts on the nerves of movement without affecting those of sensibility. The dog feels intense suffering, but can make no movement to express it. That seems difficult to prove, but it may be shown thus: tie a bandage around a frog in such a way that all the system of nerves shall be subject to the influence of the poison except those of the

thigh. He is then curarized, and all the nerves of movement are paralyzed except those of the hind legs. The convulsions of the hind feet will show the suffering of the poor little beast. If now the animal be pricked in the fore foot, the head or the chest, he can make no movement to avoid torture, but the desperate convulsions of his hind legs, which are thus induced, show how sensitive he remains to pain.

A man poisoned by curare would watch his own agony without the power of making a gesture, and would feel paralysis creeping gradually over his limbs, his head, and the muscles of his jaws. In intense vividness would he realize one of those horrible nightmares in which one struggles to fly or cry, but feels nailed to the ground, with his voice arrested in his throat. While preserving the most placid appearance the anguish of suffocation would creep on, the muscles of inspiration being affected in their turn, and the air no longer reaching the lungs. The heart would keep on beating and the brain would retain all its intelligence, anticipating and analysing every step towards its fatal termination.

The young man does not select his poison, but asks for further time for reflection.

Urechites Suberecta.

THIS plant is very common in Jamaica. Its dark green leaves and large bright yellow flowers render it very conspicuous in the hot, dry districts in which it flourishes. It is called "nightshade" by the natives on account of its deadly poisonous nature. The negroes regard it with a superstitious fear from the fact of its being supposed to have been the active ingredient of the poison employed by the Obeah men in the time of slavery, by means of which they got rid of exacting overseers and cruel masters. Wonderful tales are told of the power of these men to kill immediately by means of this drug, or to so administer it as to kill only after the lapse of days or weeks. Whether or not the properties popularly reputed to it properly belong to it, the fact has been demonstrated by experiments on lower animals that the drug is a very active poison.

No observations have as yet been made to determine the therapeutic properties of urechites suberecta but James John Bowrey, F. C. S., M. I. C., Analytical Chemist to the Government of Jamaica, has conducted a very thorough series of physiological experiments on animals which may be of service as an index to the conditions of disease under which the drug is applicable.

Mr. Bowrey's observations were made on mice, kittens and dogs. In the mice sufficiently large doses caused muscular paralysis, respiratory difficulty, and convulsions ending in death; the convulsions were confined principally to the hinder extremities. In cats, large and moderate doses always produced vomiting, which (in the cases where very speedily fatal doses were exhibited) was followed by convulsions and death; but where death was delayed, both fæces and urine were evacuated, the vomiting frequently renewed, pulse and respiration quickened, notably the former, and muscular paralysis gradually developed, the end being preceded by convulsions. In each of the fatal cases there was complete dilatation of the pupil. The effect on dogs was similar.

The only observations noted on man are by Sloane, who is reported by Mr. Bowrey to say, that, "two or three spoonfuls of the juice purge young persons upwards and downwards, bringing away worms. The milk, outwardly applied, takes away warts, and cures ringworms and freckles." He also gives the following as the symptoms occurring in the case of a medical man to whom a negress was believed to have given portions of this plant: violent griping, inclination to vomit, loss of appetite, small convulsions in various parts of the body, hectic fever, and continued wasting of flesh. Under treatment a fatal result was prevented, but some considerable time passed before the convulsive symptoms left the patient.

The following is the result of an observation made by ourselves in a single case. The party taking the drug was a somewhat plethoric individual, weighing 215 lbs., and of considerable muscular development:

9.50 A. M. Gave five drops of the fluid extract of urechites suberecta. Pulse at time of giving, 74.

10. Some constriction of the fauces. Pulse 72.

10.10. Sense of constriction of fauces slightly increased, with sensation of swelling. Pulse 72.

10.15. Pulse 70. Gave five drops more of the fluid extract.

10.30. Pulse 66. Feeling of swelling and constriction in the throat continue. Gave ten drops more.

10.50. Pulse 64. Slight dizziness. Constriction of fauces not so marked. Nausea. Burning sensation in tongue and lips. Profuse secretion of saliva.

11. Pulse 62. Other symptoms unchanged. Gave twenty drops more.

11.10. Vomiting, causing burning sensation in œsophagus.

11.30. Pulse 60. Nausea and depression.

11.50. Pulse 60. Depression with cold perspiration.

The depressed feeling with the low rate of pulse continued until about 2 P. M., at which time the effects had passed off, with the exception of a diarrhœa, without griping, which set in a few hours later, and which could not be traced to any other cause.

These data are, it is confessed, very limited, and we mention the single case in which we observed the effect of the drug, not so much with a view to illustrating any of its properties as to assure our readers that the quantities of the fluid extract which were taken may be given without serious detriment. From the observations thus far made we would suggest that urechites suberecta possesses properties whose action resembles, in several respects, the combined effects of belladonna and aconite.

The fluid extract may be safely experimented with in doses of from fifteen to twenty drops, and we should be pleased to hear from any of our readers whose interest may have been sufficiently aroused, to lead them to an investigation of this powerful, and in some respects remarkable drug.

On Behalf of the Publisher.

BILLS were mailed in the last number of the GAZETTE to those on its list, attached to whose names did not appear the talismanic figures "81." Any publisher of a medical journal, or any other journal for that matter, would have smiled at the credulity of our publisher had he for a moment supposed that that there were no errors in his subscription list. He supposed no such thing and was, therefore, not surprised at his receipt of sundry forcible reminders of errors. His only surprise is at his receipt of so few of these, the list being so much nearer perfection than he had dared hope for. He, moreover, scarcely feels called upon to apologize for the few mistakes his attention has been called to, for has he not several times requested those, the figures on whose addresses were wrong, to kindly drop him a postal card to that effect? In this way only, by the coöperation of subscribers, can the inevitable mistakes of mailing clerks and proof readers be remedied. In a rapidly growing subscription list like that of the GAZETTE, already larger than that of any other medical journal in this country, errors of this nature will creep in, in spite of the most scrupulous care.

For the benefit of those who are not familiar with our system of mailing we would state that on the yellow strip containing the address of each subscriber, there appears the date of the expiration of the time for which the subscriber has paid. For instance, Dr. Amiable Jones subscribes for the GAZETTE in June, 1880, and the slip on his journal reads:

"Dr. A. Jones, May, 81."

thus showing that the last number he has paid for is the May No. in 1881. Should Dr. Jones's slip, through any error or oversight on the part of our mailing clerk or proof reader, read otherwise than as above, he will drop a postal card calling the publisher's attention to the fact, whereupon the matter is immediately righted, and the pleasant relations with our amiable and accommodating friend suffer no violence. *Verbum sat sapienti.*

Michigan College of Medicine

THE first regular session of the Michigan College of Medicine was formally opened on the 7th instant., by an address to the class by William Brodie, M. D., Professor of Clinical Medicine. A number of invited members of the local profession were also pressent.

This first session of the new school opens with the most flattering prospects for the institution, the number of students in attendance being also an evidence of the manner in which the profession endorse any effort in the direction of advancing medical education. The school held a preliminary session of fourteen weeks at which some twenty students were in regular attendance. This of itself was a very auspicious beginning, but when at the opening of the regular session it was seen that there were over fifty names on the register, the faculty were free to confess that the encouragement given them was far beyond their most sanguine anticipation.

The preliminary examination which this college exacts has resulted in the bringing together of a class of young men of a superior order of intelligence—the class of gentlemen from whom the profession demands that the future physicians of this country shall be graduated. Those schools which cling to the idea that the time is not yet ripe for an advancement, are, to say the least, very indifferent interpreters of the signs of the times. In no instance in the past five years has a medical school taken a step in advance in this matter, in which the result of the movement has not justified still further advance.

The Michigan College of Medicine will admit students until October 1st, and, doubtless, the size of its class will be very materially increased against that date.

For fuller particulars we would refer our readers to advertising page VI. of our present number, or ask them to send for the College Announcement.

Monument to Claude Bernard.

It is proposed to honor the memory of Claude Bernard by the erection of a monument thereto in Paris, the scene of the labors of the illustrious physiologist. Although having its inception in France the proposed monument is one in which the medical profession throughout Christendom is equally interested, for the debt which medicine owes to Claude Bernard is not confined to the physicians or people of France. His works are the property of man.

The Paris committee having charge of the subscription have appointed Dr. E. C. Seguin, of New York City, to represent them in the United States, and that gentleman calls upon all the physicians of this country who feel their obligation to the labors of the devoted scientist (and who does not?) to come forward with their contributions.

Although Claude Bernard has himself reared in his works a more enduring monument than can be built of stone, it is nevertheless the custom of men to show their appreciation of great devotion to the good of the race, by the erection of a column to the memory of the devotees. And among those who have done much for their fellows there are few more prominent than he on behalf of whose memory Dr. Seguin solicits the subscriptions of American physicians. We hope our readers will respond to this solicitation in a becoming manner. A small subscription from each would make something considerable in the aggregate.

We shall be pleased to forward to Dr. Seguin any contributions to this object which may be sent to this office.

Book Reviews and Notices.

The Practitioner's Hand-Book of Treatment or the Principles of Therapeutics. By J. Milner Fothergill, M D., Member of th Royal College of Physicians of London; Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park. Assistant Physician to the West London Hospital, Associate Fellow of the College of Physicians Philadelphia.

Second American, from the Second English Edition enlarged.

Philadelphia: Henry C. Lea's Son & Co. 1880.

"The knowledge which a man can use is the only real knowledge, the only knowlege which has life and growth in it, and converts itself into practical power. The rest hangs like dust about the brain and dries up like raindrops off the stones"—*Froude*.

The author informs his readers in his first edition that this work is not an imperfect practice of physic, but an attempt of original character to explain the rationale of our therapeutic measures. First the physiology of each subject is given, then the pathology is reviewed so far as it bears upon the treatment; next the action of remedies is examined; after which their practical application in concrete prescriptions is furnished. The comparatively brief time which has sufficed to exhaust a large edition of this work proves that it has been found acceptable to the profession. The London Medical Record says: "A work of this kind has long been urgently wanted, and the perusal of a systematic treatise on the principles of therapeutics will enable the student all the more thoroughly, and with advantage to himself to study the works of Sidney Ringer and H. C. Wood. This work is written for the practitioner, and is a valuable acquisition to his means of knowledge. It is written in a concise and agreeable manner, and hence cannot fail to attract the attention of its readers. We cordially commend it to our readers and the profession generally.

Naphey's Modern Therapeutics Series. Published by D. G. Brinton, 115 South Seventh St., Philadelphia.

I. Modern Medical Therapeutics. A Compendium of Recent Formulæ and Specific Therapeutical directions from the practice of eminent contemporary physicians, American and foreign. By George H. Napheys, A. M., M. D. Seventh edition, 1880. 1 vol., 8vo, pp. 607. Price, Cloth, $4.00; Sheep, $5.00.

II. Modern Surgical Therapeutical. A Compendium of Current Formulæ, Approved Dressings and Special Methods for the treatment of Surgical Diseases and Injuries. By George H. Napheys, A. M., M. D. 1 vol., 8vo, pp. 608. Price, Cloth, $4.00; Sheep, $5.00.

III. Therapeutics of Gynæcology and Obstetrics. Edited by Wm. B. Atkinson, M. D., etc. 1 vol., 8vo, pp. 366. Price, Cloth, $3.00; Sheep, $3.50. Sold separately at the prices given, or the three volumes in cloth, by mail, at one price, for $10.00; in sheep, at $12.00.

This valuable series is written on a plan entirely different from any other work on therapeutics, and is particularly adapted to the wants of the practicing physician.

The author and editors have gathered the essence of the medical literature of the world during the last ten years, so far as it relates to the treatment of diseases by all approved and scientific methods. Many of the directions and formulæ have never been published elsewhere, or are buried in periodicals. No disease of importance is omitted, and the writers have aimed to give fully the exact treatment and the specific therapeutical methods of the most eminent living physicians.

In all three volumes the diseases are arranged alphabetically, under the proper nosological classes. Under each its treatment is given, first, by several leading authorities of this country and Europe, and their differences carefully set forth; next the treatment in several prominent hospitals is recorded, and any especial formulæ claimed, on good authority, to be of peculiar efficacy; finally, an abstract or résumé is added, setting forth, alphabetically, the more important drugs and remedial measures used in the disease, their doses, indications, and most successful combinations. Both external and internal remedies are included, and all such measures as baths, electricity, massage, movement cure, mineral waters, counter-irritants, diet, inhalations, hypodermic injections, cupping, hydrotherapy, fumigations, heat and cold, posture, irrigation, enemata, poultices, liniments, gargles, lotions, etc., etc., are described, with their appropriate indications. Each book has a complete table of contents, and three elaborate indexes, one of authors, a second of remedies and remedial measures, and a third of diseases.

In the March number of this journal we had occasion to express our opinion on "The Therapeutics of Gynæcology and Obstetrics" as a concise and intensely practical work. An examination of "Modern Medical Therapeutics" and "Modern Surgical Therapeutics" still further confirms us in the opinion of the value of the series to the active professional practitioner in both surgery and practice of medicine, and hence we do not hesitate to cordially recommend to both surgeons, practitioners of medicine, gynæcologists, obstetricians and students Naphey's Modern Therapeutics series.

The Students Dose-Book and Anatomist. Combined by C. Henri Leonard, A. M., M. D., Professor of Medicine and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine, etc., etc. Part I. The Multum in Parvo Reference and Dose Book. Third revised edition, twenty-fifth thousand. Part II. The Vest-Pocket Anatomist. Revised edition, tenth thousand. Prece, $1.00 Detroit, 1880.

We think the author of "The Dose-Book and Anatomist" has done wisely in writing these two works in one volume, and if he had included his "Manual of Bandaging" in the same cover it would have been better still. As it is, it is a convenient and valuable little work for the student, and a remembrancer to the practitioner. We, therefore, cordially commend it.

The Pathology, Diagnosis and Treatment of Diseases of Women including the Diagnosis of Pregnancy. By Graily Hewitt, M. D., London, F. R. C. P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; Honorary Fellow to the Obstetrical Society, Boston; Vice-President of the Obstetrical Society of London. Third American from the Third London Edition, Revised and Enlarged, with 132 Illustrations. In Cloth, $4 00; Sheep, $5.00.
Philadelphia: Lindsay & Blakiston. 1880. Detroit: Thorndyke Nourse, (successor to E. B. Smith & Co.)

This edition is substantially a new work, and contains certain generalizations on the important questions of the pathology of diseases of the uterus, and are based upon observations made by the author during a period of four years in universities, colleges and hospitals. Twenty new illustrations are added in this edition. For over twenty years Graily Hewett has been before the medical public of England and America as a lecturer and writer on diseases of women, and has been recognized as a close and practical observer, and a teacher of more than ordinary renown. Knowing him as we do from his writings, we could endorse this book without any reserve.

In an examination of the work we find a liberality not often accorded by foreign writers to American observers. A full line of credit is given by the author, and this credit cannot but

make it more valuable to the American reader, as it makes the book partially American.

The chapter on the diagnosis of pregnancy is a valuable one, and contains all the information on the subject that can be considered reliable.

It is a valuable work for the practitioner's table, and as a text book for the student is not excelled, We cordially commend "Hewitt on Diseases of Women" to the medical public.

Register of Obstetric Cases. Arranged and Compiled by J. F. Gould. M. D., Boston, Mass., and Published by Doane & Greenough, Stationers, 116 State street, Boston, Mass., U. S. A.

This is a very convenient book for the purposes designed, and is so arranged as to note any occurrence in the obstetric female from impregnation to perfect recovery. We commend to every young physician commencing practice as a great convenience in registering his obstetric cases.

Clinical Urinary Examination. By J. F. Gould, M. D., Boston, Mass., and Published by Doane & Greenough, Stationers, 116 State street, Boston, Mass. It is respectfully dedicate to the Physician who is clinically earnest and honest in the investigation of diseases, and not afraid of a little extra work,

Both are blank books with printed headings and alphabetic indexes, with full descriptions how to use them under the head of suggestions. For clinical examination of the urine, instructions are given how to proceed, and the means necessary for the procedure, also an account of the action of the main reagents with practical hints. A general diagnosis is given, and also the diagnosis of renal disease. This also must be of practical use to the chemist as well as the physician, and to both we commend it with pleasure. Price, $1.50 each.

Messrs. Lindsay & Blakiston inform us that their "Physician's Visiting List" for 1881 will be ready October 1st. They have also issued a new catalogue of their recent publications which they will cheerfully furnish to any physician who may request it by sending a postal card with name and address.

A Descriptive Catalogue of Houghton, Mifflin & Co's. Educational Publications.

Any book named in it will be sent io any address, post-paid, on receipt of price by the publishers. Send postal for a copy. School officers will be interested in this publication.

American Health Primers No. 4. The Skin in Health and Disease. By L. Duncan Bulkley, M. D., Attending Physician for Skin and Venereal Diseases at the New York Hospital. Out Patient Department, etc., etc.
Philadelphia: Presley Blakiston, 1012 Walnut street. 1880.
Detroit: Thorndyke Nourse. Price, 50 cents.

We have no doubt this little volume will be interesting to the unprofessional reader, and furnish him or her with a general idea of the skin anatomically in health and disease. It is written rather too loosely for the professional reader, and would naturally be criticised rather unpleasantly for the authors comfort. We forbear this act as we know it is difficult to write for both satisfactorily. To the general reader we heartily commend it.

Minutes of the Twenty-fourth and Twenty-fifth Annual Meeting of the State Medical Society of Kentucky, 1879-80.

This Society has made a new departure, and as knowledge is gained by experience, we await time to inform us how the results will please our Kentuckian neighbors.

Official List of Medical Officers and Acting Assistant Surgeon of the United States Marine Hospital Service with their stations. August 1st, 1880. From the Treasury Department, office of the Surgeon General, U. S. Marine Hospital Service.

We would respectfully call the attention of our readers to those popular Monthly Magazines published by D. Appleton & Co., Nos. 1, 3, and 5 Bond street, New York, viz., Appleton's Journal and the Popular Science Monthly. The yearly subscription of Appleton's Journal is $3.00 per year or 25 cents a number. Popular Science Monthly, 50 cents a number or $5.00 per annum.

This journal for September well sustains its character as a magazine of valuable reading, and is the "only periodical we have which reports progress in the higher and broader applications of science that concern everybody."

"Appleton" for September maintains its reputation as a first-class magazine, its contents being sufficently varied to furnish satisfactory reading for the most fastidious without encumbering its pages with the trashy literature of the day.

Atlantic Monthly. Devoted to Literature, Science, Art and Politics.
Boston, Mass.: Houghton, Mifflin & Co., Pulishers. New York Office, 21 Astor Place. $4.00 per annum; Single number, 35 cents.

The September No. of this old established journal is the 275th, and like its predecessor maintains its New England character, In its politics we should judge it is fully in accord with those of the Republican party, as all the political articles have a bias in that direction. We would like it much better were these articles left for that class of journals and magazines which make them a specialty. Nevertheless, the Atlantic Monthly is favorite reading of ours, and has been since it was first issued, minus its politics. The peculiar quaint style of many of its contributors gives it a freshness which is extremely satisfactory.

Treatise on Therapeutics. By A. Trousseau and H. Pidoux. Ninth edition, revised and enlarged with the assistance of Constantine Paul. Translated from the French by Dr. D. F. Lincoln. Volume II.
New York: William Wood & Co.

A Treatise on the Common Forms of Functional Nervous Diseases. By L. Putzel, M. D., Physician to the Clinic for Nervous Diseases, Bellevue Hospital Out-door Department: Visiting Physician for Nervous Diseases, Randall's Island Hospital, etc.
New York: William Wood & Co.

The above are volumes seven and eight, respectively of Wood's Library of Standard Medical Authors for 1880.

The Microscopist. A Manual of Microscopy, and Compendium of the Microscopic Sciences; Micro-Mineralogy, Micro-Chemistry, Biology, Histology and Practical Medicine. By J. H. Wythe, A. M., M. D., Professor of Microscopy and Histology in the Medical College of the Pacific, San Francisco, California.
Philadelphia: Lindsay and Blakiston.

This is the fourth edition of a valuable work now greatly enlarged and containing 434 pages with 252 colored illustrations and 250 cuts not colored.

The arrangement of the subjects contained in this book is such that any one of them can be turned to very readily, and the elucidation of each is so full and clear that the student can easily comprehend it. The history and description of microscopes and their accessories, is sufficiently full for most purposes, so with the chapters on the methods of examining, mounting and preserving microscopic objects. The chapters on the microscope in mineralogy and geology, chemistry, biology, vegetable histology and botany, zoology, animal histology, pathology, diagnosis and ætiology are all entirely separate, very complete and abundantly illustrated with wonderfully accurate and beautifully executed colored plates. Chapter fifteen treats of the microscope in ætiology, or the study of the causes of disease.

There are various theories with regard to the causes of disease, such as microscopical objects in the air, water, food, etc. This chapter canvases the subject, classifies, gives names, and describes microscopical fungi and animal parasites, and ends with some valuable remarks on the germ-theory of disease.

Following this chapter is an appendix stating recent additions to microscopes and microscope technology. Then follows a classification and brief description of ferns, microscopic fungi and salt and fresh water algæ. The book closes with a very full index, and glossary of terms used in the microscopical sciences.

Dr. Wythe has furnished a work that was much needed, and that adds to and enriches the literature pertaining to the science of microscopy, and one that the San Francisco Microscopical Society, to which it is dedicated, and of which the author is a member, may well be proud.

Pamphlets Received.

The Hysterio-Neurosis with Especial Reference to the Menstrual Hystero-Neurosis of the Stomach. By George J. Engelman, M. D., St. Louis, Mo. Report from vol. 2 Gynæcological Transactions. 1878.

Penal and Prison Discipline. A paper read June 30, 1880, before the National Conference of Charities and Corrections at Cleveland at the Seventh Annual Session. By Henry W. Lord, Detroit, Michigan. Lansing, Mich., from the author.

Old School and New School Therapeutics. By Frederick F. Morse, M. D., (Hom.) formerly House-Physician in the Massachusetts General Hospital. Read before the Cambridge Society for Medical improvement December 22, 1879. Revised and enlarged.

"Who ever knew the truth put to the worse in a free and open encounter."—*Milton.*

Time of Conception and Pregnancy. By George J. Engleman, M. D., Fellow of the American Gynæcological Society. Fellow of the London Obstetric Society, (Eng.) etc. Report from the St. Louis Courier of Medicine, May, 1880.

Report and Supplementary Report to the Parliamentary Bills Committee of the British Medical Association on Vaccination Penalties; the principle of compulsion in vaccination. By Ernest Hart, Chairman of the Committee. Reprinted by order of the Committee from the British Medical Journal of July 3rd and 17th, 1880.

Consumption and Tuberculosis. Notes on their Treatment by the Hypophosphites. Collated from Books, Periodicals, etc., and Addressed to the Medical profession. Second Edition completely rearranged. Revised and Rewritten by J. A. McArthur, M. D., (Harv.) Fellow of the Massachusetts Medical Society, etc.

The Present State of Otology. Affections of the Lachrymal Apparatus. By S. J. Jones, A. M., M. D., Professor of Opthalmology and Otology in the Chicago Medical College. Reprint from Transactions of Illinois State Medical Society. Springfield, 1878.

The Present State of Opthalmology. A Report on Otology Extracted from the Transactions of the Illinois State Medical Society. Licoln, 1879.

Monthly Bulletin of the North Carolina State Board of Health. Wilmington, N. C., June, 1880.

The Saint Joseph Medical and Surgical Reporter. A Monthly Journal devoted to the interests of Western Medicine. Price, $1.00 per year, in advance. J. P. Chesney, M. D., Editor. Vol. 1, No. 2. St. Joseph, Mo. "And yet there is room." Our best wishes Brother Chesney, and exchange.

Announcements.

College of Physicians and Surgeons. Medical Department of Columbia College, in the City of New York. Seventy-third annual Catalogue. Corner of Twenty-third street and Fourth Avanue. Term begins October 1, 1880.

Department of Medicine and Surgery of the University of Michigan 1880-81. Begins October 1st, and ends last week in June.

University of Bishop's College. Tenth Annual Announcement of the Faculty of Medicine, Montreal, Province of Quebec. Session of 1880-81. October 4th, term begins.

Chicago Medical College. Twenty-second Annual Announcement. Corner Prairie Avenue and Twenty-sixth street, Chicago. Session of 1880-81 opens September 28, 1880.

Rush Medical College. Fifty-eight Annual Announcement. Corner West Harrison and Wood Streets. Term opens September 28, 1880.

Medical Department University of Tennessee. Nashville Medical College. Session of 1880-81 begins September 6, 1880.

Physio-Medical College of Indiana, Indianapolis. Eighth Annual Session. Commences October 12, 1880.

Third Annual Report of the Eye and Ear Department of St. Mary's Hospital and St. Mary's Free Eye and Ear Infirmary, Detroit, Mich., for the year ending June 1st, 1880.

Annual Announcement of the Cincinnatti College of Medicine and Surgery for 1880-81. Forty-sixth regular session commences Monday, October 4th, 1880.

Fifth Annual Announcement of the Medical College of Fort Wayne, Ind., 1880-81. Term begins October 4th, 1880.

Therapeutic Progress.

THE OXYTOCIC PROPERTIES OF VISCUM ALBUM.—Dr. W. P. Manning, of Shepherdstown, W. Va., writes: "Sir: In your issue of March 6th, I notice an article by Dr. G. L. M., of South Carolina, in which mistletoe had been used for the purpose of abortion with the desired effect.

"I am not surprised at this communication, for that viscum album, as a fluid extract, has decided and superior oxytocic properties I am convinced from frequent and repeated trials; having used it in post-partum hæmorrhage with the most pronounced and gratifying results. Menorrhagia and metrorrhagia, not dependent upon organic disease, are—as far as my experience goes—better controlled by this remedy, than by any other. In emansio mensium it exerts surprising effects, having established the flow after thirty days' treatment in two cases, which had resisted the usual methods, in one a year, and the other a still longer period. My usual plan is to give in menorrhagia and metrorrhagia teaspoonful doses three times daily, in emansio mensium 30 drops t. d., but post-partum hæmorrhage requires more energetic measures—teaspoonful doses every twenty to thirty minutes till the bleeding stops.

"I hope others may give the remedy an honest trial in order that its actual value may be ascertained, for I feel that we have in viscum album a remedy powerful for good."—*Record.*

To Cure a Catarrh of the Bronchi or Throat in a few Hours.—There may be cases of acute catarrh which can not be cured in a few hours, says Dr. H. Hager, in Pharm. Centralh., but then it may be considered a great advantage if the acute form of a catarrh can be changed into that of a mild cold within a few hours.

To accomplish this he gives the following receipt for pills:

℞ Sulphate of quinidia, 9 grains.
Sulphate of cinchonidia, 9 grains.
Powd. tragacanth, 12 grains.
Powd. marshmallow root, 6 grains.
Powd. gentian, 6 grains.
Powd. red sandal wood, 2 grains.
Glycerine, 6 grains.
Muriatic acid, 6 grains.

Mix and divide into twenty-four pills, Dose, five to six pills at bedtime, and three pills every two hours during the day.

As soon as the first symptoms of a catarrh appear, such as dry coughing, heat in the bronchi, etc., the patient should take six of the pills, then two pills every hour during the day, and twice five pills within two hours before going to bed.

Dr. H. Hager says, that when he once had caught a heavy cold he took six of the pills, and half an hour afterwards he felt much better. The cough had stopped, he had a good appetite for his supper, and slept well, only found the perspiration slightly increased. The following day he took three pills every two hours and six before going to bed. The night following passed quietly. Had it not been for an increased secretion of mucus through the nostrils, no signs of a catarrh would have been noticed. He keeps these pills in his desk in the office as well as near his bed, so as to be able to take them as soon as a symptom of cold appears.

In case the cough is very irritating he takes in addition a small dose of morphia.—*Druggists Circular and Chemical Gazette.*

Carnauba Root.—Carnauba wax is the product of the corypha cerifera, a wax-bearing palm growing on the shores of the Rio Francesco in Brazil. The root of the same name is derived from this plant, and according to Chas. Symes its therapeutic properties rival those of sarsaparilla. The root is several feet in length and has an average thickness of three-eighths of an inch, of a mixed grayish and reddish-brown color, giving off here and there small rootlets. The cortical portion is comparatively thick, somewhat friable, and loosely surrounds the meditullium which encloses the pith; thus a traverse section somewhat resembles in appearance an exogenous stem. Its infusion is similar in color to that of wild cherry bark, possesses an agreeable slightly bitter taste, and an odor not unlike that of sarsaparilla; its color is slightly deepened, but no precipitate occurs on the addition of liq. potass; neither on the addition of dilute acids. Tinct. ferri perchlor. does not strike a black, but brownish color, gradually followed by turbidity and the formation of a brown deposit. The decoction is not affected by iodine, indicating the absence of starch; a drop of it concentrated on a porcelain slab and treated with strong sulphuric acid, produces an olive green, slowly changing to a brown color. It yields 25 per cent. of a reddish-brown extract, possessing a decidedly bitter taste.—*Oil, Paint and Drug Reporter.*

Anthelmintic Action of Kameela. M. Blondeau has employed the tincture of kameela with success in cases of tænia. He gave, in one case, f ʒ vj. tincture of kameela in infusion of sage, divided into three doses and taken at intervals of an hour—at nine, ten and eleven in the morning. At one o'clock in the afternoon, without having experienced the least colic, the patient voided an enormous tænia, the head of which was unfortunately missing.

This anthelmintic possesses, according to M. Davaine, who also advocates its use, the following advantages; it is not disagreeable to take; it does not cause colic, and it need not be associated with a purgative.

Kameela is obtained from the capsules of one of the Euphorbiacaæ—the Rotzleria tinctoria. It is a red powder used in dying silk. Its use as an anthelmintic has been suggested by Hunsby. Anderson, who has also employed the tincture, has never gone beyond the dose of f ʒ iijss.—*Bull. Gen. de Therap.*

On a New Method of Arresting Gonorrhœa.—I read with great pleasure the article headed as above by Mr. Cheyne, and wish to state that I have adopted his method of passing medicated bougies up the urethra for acute and chronic gonorrhœa. The bougies I used were made by Kirby & Co., 14, Newman Street, Oxford Street. The other day I thought I would use iodoform in the shape of a bougie; I therefore ordered some containing five grains in each, and have been very gratified with the result, which has quite come up to my expectation. I have been in the habit of using iodoform, both in the form of ointment and of powder for some years, and with marked success, in the treatment of indolent varicose ulcer of the leg, soft chancres, etc.

The method I adopt in the treatment of gonorrhœa is this: I first order the patient an injection containing ten minims of liquor plumbi and two grains of sulphate of zinc to an ounce of water; to be used frequently, until the acute symptoms have subsided. I then pass a No. 9 bougie up the urethra as far as the ulcerated spot. I then apply a piece of lint over the orifice of the urethra, under the prepuce; and tell him not to pass his urine for some hours afterwards. I order him to take as little liquid as possible, and no stimulants. I generally pass one or two bougies a day. My patients generally get rid of the gonorrhœa in a week. The only constitutional treatment I adopt is a brisk purgative, followed by tonics.—*J. Brindley James, M. R. C. S. Eng., in British Med. Jour.*

New Remedies.

The Frog Poison of Colombia.—M. Andre, who was sent to South America on a scientific mission by the French government in 1875, communicates an article to La Nature on the subject of a poisonous frog met with in Colombia, and from this we copy the following notes:

This batrachian—called by the Indians of the Choco, "Neaara"—although harmless in appearance, carries one of the most terrible poisons known. It is used for poisoning arrows and serves the Choco Indians as a substitute for the famous curari employed by the savages of the Orinoco and Brazil. The three principal tribes which inhabit the immense forests of the Choco are the Cunas, the Noanamas, and the Chocoes.

Great rivers, such as the Atrato and San Juan, water these vast solitudes where the jaguar, the tapir, immense boas, and the caymans make their quarters, disturbed only now and then by the Indians who come to hunt them. For many ages this hunting has been done by means of a weapon called the "surbacane" or "bodquera"—a tube about 10 feet long made of the two halves of a palm stalk, which is split, scooped out, and put together again, and then wound with fibers and covered with a black, hard-drying gum. The arrows are made of small bamboo rods, which are very slender and about the length of a knitting needle. They are sharpened at one end, wound round with wild cotton at the other so as to make them fit the diameter of the tube, and are shot out of the blow-gun with great force by the breath of the hunter. The point of these arrows is dipped in a subtile poison which is nothing else than the venom of the frog just mentioned. To obtain the poison for these weapons the Indians go in search of the little batrachian to the district of the Rio Tatama, an affluent of the San Juan. The agility of the animals renders them difficult to capture, and as this has to be effected by hand, the latter is always covered with large leaves to prevent its coming in contact with the poison. Once taken, the frog is enclosed in a piece of bamboo and carried to the camp, where a long pointed stick is thrust down through its mouth and out through the extremity of its body. A fire having been lighted the spitted animal is turned round over the glowing embers until at length its skin begins to swell, and a yellowish acrid juice exudes, and into this are dipped the arrows to be poisoned. Sometimes the poison is obtained on a larger scale by scraping the juice from the body into an earthen pot by means of a knife, and this is afterwards fastened to the hunter's girdle alongside of his quiver and used as wanted. The venom, which is only used before its solidification, keeps for some time, but at length acquires the consistency of curari. The physiological effects of this poison are quite similar to those products by curari. Introduced into the stomach the substance has no effect, but once introduced into the circulation it causes a momentary paralysis, but one which lasts long enough to kill the animal wounded by a poisoned arrow. A single arrow shot into a roebuck thoroughly disables it in ten minutes, and it takes only double that length of time to kill a full grown jaguar. No antidote is known for the poison, and the Indians are so the thoroughly aware of this fact that when one has the misfortune to wound himself with an arrow he lies down quietly to await death without making any efforts to cure himself. The Choco frog belongs to the genus Phyllobates erected by Bibron an Dumerit. It is probably only a variety of P. bicolor Bibr., which is an inhabitant of trees in Cuba, while the Choco variety is terrestrial. It would be interesting to make experiments of the other species of allied batrachians found in the warmer regions of the globe; for, just as the vemon of serpents differ considerably according to the species, so the cutaneous secretion derived from batrachians by artificial means may very in its composition and in the toxic effects which result from its introduction into the circulation.—*Sci. Amer.*

Liquor Pancreaticus.—In an article by William Roberts, M. D., on the therapeutics of starch digestion, which was published in the Practitioner, December, 1879, the author says:—

"I cannot take leave of this subject without adverting to the extraordinary power of extract of pancreas (liquor pancreaticus) as a diastatic agent. In this respect it far transcends any malt extract. A sample, made by infusing one part of fresh pancreas with seven parts of water, was found, on trial, to possess fully twenty times the diastatic power of the above described standard malt infusion. Pancreatic extract must, therefore, be consided as taking the first rank among the available artificial aids to the digestion of starch."—*Reporter.*

Hwang-nao or Hoang-nan.—The Canadian Pharmaceutical Journal, for February, 1880, informs us that a new remedy for leprosy and rabies, known in Cochin China as hwang-nao, or according to others, hoang-nan, is attracting some attention in Europe, and is likely to come into use. The English consul in the former country has been directed to send home a quantity of the drug, which is in the form of bark, derived pro bably from a new species of strychnos, which Mr. L. Pierre, director of the botanic garden at Saigon, has named S. gautheriana, in honor of the Roman Catholic missionary who brought the drug into notice. The remedy has been tried for some four or five years in Trinidad, where it has proved of decided value.—*Med. and Surg. Reporter.*

Cocaine.—Cocaine is the alkaloid derived from the leaves of erythoxylon coca, or cuca, as it is sometimes called rather than coca (St. Louis Clinical Record.) Dr. Roberts Bartholow states that it acts, like theine and caffeine, as an indirect nutrient, by checking waste, and hence a less amount of food is found necessary to sustain the economy under its use. This is the reason, he thinks, that it lessens fatigue and increases the respiratory powers. He is also of the opinion that it would prove useful in phthisis, in wasting diseases, and in convalescence from acute disorders.—*Louisville Medical News.*

Salicylic Acid in Brachial Neuralgia.—H. Fischer reports a case where neuralgia of the left shoulder occurred as a result of exposure to cold, and where the patient took two to three grammes (thirty to forty-five grains) of salicylic acid every night for two years, with the result of giving relief from pain and a good night's rest.—*Phila. Med. Times.*

Cystitis.—Dr. Wm. Varian, Titusville, Penn., recommends sandal-wood oil as the best remedy in this affection.—*Reporter.*